calcipotriene therapy. Arch Dermatol 1995; 131:1305-7.

98. Roujeau JC, Kelly JP, Naldi L, Rzany B, Stern RS, Anderson T, Auquier A, Bastuji-Garin S, Correia O, Locati F, Mockenhaupt M, Paoletti C, Shapiro S, Shear N, Schopf E, Kaufman D. Drug etiology of Stevens-Johnson syndrome and toxic epidermal necrolysis, first results from an International case-control study. N Engl J Med 1995; 333:1600-7.

99. Stern RS. Acne Therapy: Medication use and sources of care in office based practice. Arch Dermatol 1996; 132:776-80.

100. Stern RS. The pattern of topical steroid prescribing in the United States, 1989-91. J Am Acad Dermatol 1996; 35:183-6.

101. Stiller MJ, Bartolone J, Stern R, Smith S, Kollias N, Gillies R, Drake LA. Topical 8% glycolic acid and 8% L-lactic acid creams for the treatment of photodamaged skin. A double-blind vehicle-controlled clinical trial. Arch Dermatol 1996; 132:631-6

102. Stern RS. Utilization of outpatient care for psoriasis. J Am Acad Dermatol 1996; 35:543-5.

103. Stern RS. Managed care and the treatment of skin disease. Arch Dermatol 1996; 132:1039-42.

104. Stern RS, Nichols KT. Therapy with orally administered methoxysalen and ultraviolet-A radiation during childhood increases the risk of basal cell carcinoma. J Pediatrics 1996; 129:915-17.

105. Goyal S, Arndt KA, Stern RS, O'Hare D, Dover JS. Laser treatment of tattoos: a prospective, paired, comparison study of the Q-switched Nd:YAG (1064 nm), frequency-doubled Q-switched Nd:YAG (532 nm), and Q-switched ruby lasers. J Am Acad Dermatol 1997; 36:122-25.

106. McKenna KE, Stern RS. The impact of psoriasis on the quality of life of patients from the 16-center PUVA follow-up cohort. J Am Acad Dermatol 1997; 36:288-94.

107. Stern RS, Nichols KT, Väkevä LH, PUVA Follow Up Study. Malignant melanoma in patients treated for psoriasis with methoxsalen (psoralen) and ultraviolet A radiation. N Engl J Med 1997; 336:1041-5.

108. Stern RS, Väkevä LH, PUVA Follow-up Study. Noncutaneous malignant tumors in the PUVA follow-up study: 1975-1976. J Invest Dermatol 1997; 108:897-900.

109. Stern RS. Managed care and the treatment of skin disease, 1995. Arch Dermatol; 1998; 134:1089-91.

110. Stern RS, Liebman EJ, Väkevä LH, PUVA Follow-up Study. Oral psoralen and ultraviolet-A light (PUVA) treatment of psoriasis and persistent risk of nonmelanoma skin cancer. J Natl Cancer Inst 1998; 90:1278-84.

111. Tennis P, Stern RS. Risk of serious cutaneous disorders after initiation of use of phenytoin, carbamazepine, or sodium valproate: A record linkage study. Neurology 1997; 49:542-46.

112. Stern RS, Lunder EJ. Risk of squamous cell carcinoma risk and methoxsalen (psoralen) and ultraviolet-A radiation (PUVA): A meta-analysis. Arch Dermatol 1998; 134:1582-5.

113. Stern RS, Mills DK, Krell, K, Zmudzka BZ, Beer JZ. HIV-positive patients differ from HIV-negative patients in indications for and type of ultraviolet therapy used. J Am Acad Derm 1998; 39:48-55.

114. Stern RS, Arndt KA. Top cited authors in dermatology: A citation study from 24 journals - 1982-1996. Arch Dermatology 1999;135:299-302.

115. Lunder EJ, Stern RS. Merkel-cell carcinomas in patients treated with methoxsalen and ultraviolet A radiation. N Engl J Med 1998; 339:1247-8.

116. Rzany B, Correia O, Kelly JP, Naldi L, Auquier A, Stern RS. Increased risk for Stevens-Johnson Syndrome and toxic epidermal necrolysis in the first weeks of antiepileptic therapy. Results of a case-control study. Lancet 1999; 353:2190-4.

117. Alora MB, Stern RS, Arndt KA, Dover JS. Comparison of the 595 nm long-pulse (1.5 msec) and ultralong-pulse (4 msec) lasers in the treatment of leg veins. Dermatol Surg 1999; 25:445-9.

118. Stratigos AJ, Stern RS, Gonzalez E, Johnson RA, O'Connell J. Prevalence of skin disease in cohort of shelter-based homeless men. J Am Acad Dermatol 1999; 41:197-202.

119. Stern RS, Arndt KA. Classic and near-classic articles in the dermatologic literature. Arch Dermatol 1999; 135:948-50.

120. Stern RS, Arndt KA. Growth of international contributors to dermatologic literature. Arch Dermatol 1999; 135:1074-6.

121. Baron ED, Stern RS, Taylor CR. Correlating skin type and minimum erythema

dose. Arch Dermatol 1999; 135:1278-9.

122. Stern RS, Beer JZ, Mills DK. Lack of consensus among experts on the choice of UV therapy for psoriasis. Arch Dermatol 1999; 135:1187-92.

123. Lindelhöf B, Sigurgeirsson B, Gäbel H, Stern RS. Incidence of skin cancer in 5356 patients following organ transplant. Br J Dermatol 2000; 143:513-19.

124. Marcil I, Stern RS. Risk of developing a subsequent nonmelanoma skin cancer in patients with a history of nonmelanoma skin cancer. Arch Dermatol 2000; 1524-40.

125. Stern RS. Medication and medical service utilization for acne: 1995-1998. JAAD 2000; 1042-8.

126. Stern RS, Arndt KA. Top-cited dermatology authors publishing in 5 "high-impact" general medical journals. Arch Dermatol 2000; 136:357-61.

127. Krueger G, Koo J, Lebwohl M, Menter A, Stern RS, Rolstad T. The impact of psoriasis on quality of life: results of a 1998 National Psoriasis Foundation patient-membership survey. Arch Dermatol 2001; 137:280-4.

128. Stern RS. The risk of melanoma in association with long-term exposure to PUVA. J Am Acad Dermatol 2001; 44:755-61.

129. Marcil I, Stern RS. Squamous-cell cancer of the skin in patients given PUVA and ciclosporin: nested cohort crossover study. Lancet 2001; 358:1042-5.

130. Stern RS. Medicare Reimbursement Policy and Teaching Physicians' Behavior in Hospital Clinics: The Changes of 1996. Academic Medicine 2002; 77:65-71.

131. Stern RS, Bagheri S, Nichols K, PUVA Follow Up Study. The persistent risk of genital tumors among men treated with PUVA for psoriasis. J Amer Acad Dermatol 2002; 47:33-9.

132. Katz K, Stern RS, Marcil I. Incidence and risk factors associated with a second SCC or BCC in PUVA-treated psoriasis patients. J Invest Dermatol 2002; 118:1038-43.

133. Stern RS, Bolshakov S, Nataraj AJ, Ananthaswamy HN. p53 Mutation in nonmelanoma skin cancers occurring in psoralen ultraviolet-A treated patients: Evidence for heterogeneity and field cancerization. J Invest Dermatol 2002; 199:522-6.

134. Mockenhaupt M, Kelly JP, Kaufman J, Stern RS. The risk of Stevens-Johnson Syndrome and Toxic Epidermal Necrolysis associated with nonsteroidal anti-

inflammatory drugs: a multinational perspective. J Rheumatology, 2003; 30: 2234-40.

135. Nijsten T, Stern RS. The increased risk of skin cancer is persistent after discontinuation of PUVA: a cohort study. J Invest Dermatol, 2003; 121:252-8.

136. Nijsten T, Stern RS. Oral retinoid use reduces cutaneous squamous cell carcinoma risk in psoriasis patients treated with PUVA: a nested cohort study. J Amer Acad Dermatol, 2003; 49:644-50.

137. Stern RS. Inpatient hospital care for psoriasis: a vanishing practice in the United States. J Amer Acad Dermatol, 2003; 49: 445-50

138. Stern RS. Actinic degeneration and pigmentary change in association with psoralen and UVA treatment: a 20-year prospective study. J Amer Acad Dermatol, 2003; 48:61-7

139. Stern RS, Nijsten T, Feldman SR, Margolis DJ, Rolstad T. Psoriasis Is Common, Carries a Substantial Burden Even When Not Extensive, and Is Associated with Widespread Treatment Dissatisfaction. J for Inv Dermatol, Symp Proc, 2004; 136-9

140. Stern RS, Dermatologists and Office Based Care of Dermatologic Disease in the 21St Century. J Invest Dermatol Symp Proc, 2004; 9:126-30

141. Gerlfand JM, Feldman SR, Stern RS, Thomas J, Rolstad T, Margolis DJ. Determinats of quality of life in patients with psoriasis: a study from the US population. J Amer Acad Dermatol, 2004; 51 (5): 704-8

142. Gelfand JM, Stern RS, Nijsten T, Feldman SR, Thomas J, Kist J, Rolstad T, Margolis DJ. The prevalence of psoriasis in Aferican Americans: results from a population-based study. J Am Acad Dermatol, 2005 52(1): 23-6

143. Nijsten T, Rolstad T, Feldman SR, Stern RS. Members of the national psoriasis foundation: more extensive disease and better informed about treatment options. Arch Dermatol, 2005 141(1): 19-26

144. Lim JL, Stern RS. High levels of UVB exposure increase the risk of nonmelanoma skin cancer in PUVA-treated patients. J Invest Dermatol, In Press

145. Nijsten T, Whalley D, Gelfand J, Margolis D, McKenna SP, Stern RS. The psychometric properties of the Psoriasis Disability Index in United States patients. J Invest Dermatol, In Press

146. Nijsten T, Margolis DJ, Feldman SR, Rolstad T, Stern RS. Traditional systemic treatments have not fully met the needs of psoriasis patients: Results from a national survey. J Am Acad Dermatol 2005:52 In Press

147. Stern RS. Utilization of Hospital and outpatient care for adverse cutaneous reactions to medications. Pharmacoepidemiol Drug Saf., In Press

Reviews:

1. Dorsey JL, Stern RS. The primary care teaching program in a prepaid group practice. Med Care 1978; 16:889-92.

2. Johnson ML, Stern RS. Ecology of dermatologic disease in dermatology. In: Fitzpatrick TB, ed. DIGM. New York: McGraw Hill, 1979.

3. Stern RS, Parrish JA, Fitzpatrick TB. Psoriasis, skin cancer and PUVA. J Am Acad Dermatol 1980; 2:337-8, 434.

4. Melski JW, Stern RS. Age-at-enrollment versus age-at-onset of chronic disease. Lancet 1981; 1:616.

5. Parrish JA, Stern RS, Pathak MA, Fitzpatrick TB. Photochemotherapy of skin disease. In: Regan JC, Parrish JA, eds. The science of photomedicine. New York: Plenum, 1982; 595-623.

6. Parrish JA, Stern RS, Fitzpatrick TB. Evaluation of PUVA - 1980: Its basic nature and toxicity. In: Moschella S, ed. Dermatology update: Reviews for physicians, 1981. Elsevier - North Holland, Inc., 1982.

7. Parrish JA, Momtaz K, Paul BS, Tanghetti E, Stern RS. Maximizing ultraviolet phototherapy of psoriasis: Clinic studies. In: Farber EM, Cox AJ, eds. Psoriasis, proceedings of the third international symposium. Stanford University: Grune and Stratton, 1982:413-4.

8. Stern RS. The carcinogenic risk of psoriasis therapy. In: Farber EM, Cox AJ, eds. Psoriasis, proceedings of the third international symposium, Stanford University. New York: Grune and Stratton, 1982:157-62.

9. Baughman RD, Maloney MD, Landeen R, Stern RS. Alcohol and psoriasis. In: Farber EM, Cox AJ, eds. Psoriasis, proceedings of the third international symposium. Stanford University: Grune and Stratton, 1982:323-4.

10. Stern RS. The United States 16-center photochemotherapy study. In: International symposium on psoralens and the skin. Paris: Pergamon Press, 1982:203-9.

11. Stern RS. Drug eruptions: adverse cutaneous reactions to drugs. In: Current Dermatologic Therapy. W.B. Saunders Co., 1982:135-9.

12. Stern RS. Malignant melanoma and exposure to fluorescent lighting at work. (Letter) Lancet 1982; 2:1227.

13. Stern RS. Ketoconazole: Assessing its risk. J Am Acad Dermatol 1982; 6:544.

14. Fitzpatrick TB, Stern RS, Parrish JA. The efficacy of PUVA photochemotherapy in the treatment of psoriasis. In: Farber EM, Cox AJ, eds. Psoriasis, proceedings of the third international symposium. Stanford University: Grune and Stratton, 1982:149-56.

15. Gilchrest BA, Stern RS. Long-term remission of psoriasis after dermatone shaving - a critique. J Plast Reconst Surg 1982; 70:227-9.

16. Stern RS. Bias in the assessment of skin cancer risk in patients with psoriasis. (Editorial) J Am Acad Dermatol 1982; 7:639-42.

17. Parrish JA, Stern RS. Patient's skepticism about hazards of sun exposure. (Consultation) Physicians and Patient, 1983; 2:73.

18. Stern RS. Phototoxic reactions to piroxicam and other nonsteroidal antiinflammatory agents. (Letter) N Engl J Med 1983; 309:186-7.

19. Stern RS. Clinical syndromes associated with port wine stains. In: Arndt KA, et al, eds. Lasers and the skin. London: J Wiley and Sons, 1983:75-84.

20. Stern RS, Arndt KA. Dermatologic conditions seen in the emergency ward. In: May H, ed. Emerg Med Clin North Am. London: Wiley and Sons, 1983.

21. Stern RS, Brown HL. Adverse drug reactions. (Letter) Arch Intern Med 1983; 143:1631.

22. Caughman W, Stern RS, Haynes H. Neutrophilic dermatosis of myeloproliferative disorders. Atypical forms of pyoderma gangrenosum and Sweet's syndrome associated with myeloproliferative disorders. J Am Acad Dermatol 1983; 9:751-8.

23. Stern RS. The carcinogenic risk of PUVA therapy: Evidence in humans. Monogr Natl Cancer Inst. 1984; 66:211-6.

24. Wintroub BU, Stern RS. Cutaneous drug reactions. In: Makie R, ed. Current perspectives in immunodermatology. London: Churchill Livingood, 1984; 75-97.

25. Committee on causes and effects of changes in stratospheric ozone, National Research Council. Causes and effects of changes in stratospheric ozone: Update

1983. Washington DC: National Academy Press, 1984.

26. Stern RS. Contempo `84 (Dermatology). JAMA 1984; 252:2194-8.

27. Stern RS. UV-B. Unanswered questions. (Editorial) Arch Dermatol 1984; 120:1437-9.

28. Stern RS. Oral psoralen photochemotherapy for psoriasis. Dermatol Clin 1984; 2:421-30.

29. Parrish JA, Stern RS, Pathak MA. Photochemotherapy. In: Greaves M, et al, eds. Pharmacology of skin disease, 1985.

30. Stern RS, Parrish JA, Fitzpatrick TB, Wolff K, Honingsman H. Oral psoralen photochemotherapy for psoriasis. In: Roenigk HH, Maibach H, eds. Psoriasis. New York: Marcel Dekker, 1985; 475-92.

31. Stern RS. Adverse drug reactions. In: Provost T, Farmer E, eds. Current therapy in dermatology. Philadelphia: BC Decker, 1985; 238-42.

32. Stern RS. Dermatologie. JAMA 1985; 10:14-20. (French language translation).

33. Stern RS. Contempo - Medizin '84. Dermatologie. JAMA 1985; Heft 3, 20:210-3. (German language translation).

34. Bigby M, Stern RS. Cutaneous reactions to nonsteroidal anti-inflammatory drugs. A review. J Am Acad Dermatol 1985; 12:866-76.

35. Stern RS, Kopf AW. Sunlight: A possible risk factor for malignant melanoma. The Skin Cancer Foundation Journal 1985; 1:50-62.

36. Morison WL, Hadley TP, Gilchrest BA, Stern RS. Periodic synopsis on photobiology. J Am Acad Dermatol 1985; 13:143-5.

37. Wintroub BU, Stern RS. Cutaneous drug reactions: Pathogenesis and clinical classification. J Am Acad Dermatol 1985; 13:167-79.

38. Rhodes AR, Stern RS, Harrist TJ, Nakagawa H, Momtaz TK. The PUVA lentigo: A gross microscopic correlation and analysis of risk factors. In: Bagnara J, Klaus SN, Paul E, Schartl M, eds. Pigment Cell 1985: Biologic, molecular and clinical aspects of pigmentation. Tokyo: University of Tokyo Press, 1985; 663-72.

39. Stern RS. Identifying adverse reactions to drugs: Reporting systems. In: Fellner MS, Zeide DA, eds. Clinics in Dermatology: Unexpected drug reactions.

Philadelphia: JB Lippincott, 1986; 4:15-22.

40. Stern RS. Dermatologists in the year 2000. Will supply exceed demand? Arch Dermatol 1986; 122:675-8.

41. Stern RS, Wintroub BU, Arndt KA. Drug reactions. J Am Acad Dermatol 1986; 15:1282-8.

42. Maddin WS, Stern RS. Pharmacologic data bases. In: Rigel D, ed. Dermatol Clin. Philadelphia: W. B. Saunders Company, 1986; 4:599-606.

43. Stern RS. PUVA carcinogenesis after ten years: Prospect and retrospect. [Editorial] Photodermatol 1986; 3:257-60.

44. Dover JS, Stern RS. Psoralens: New formulation! Better formulation? [Editorial] Arch Dermatol 1986; 122:763-5.

45. Stern RS. Record linkage. A powerful tool for epidemiologic analysis. [Editorial] Arch Dermatol 1986; 122:1383-4.

46. Stern RS, Docken W. An exacerbation of SLE after visiting a tanning salon [letter]. JAMA 1986; 255:3120.

47. Stern RS. The carcinogenic risk of UVB phototherapy and PUVA. In: Horsmanheimo M, Kanerva L, Lauharanta J, Mustakallio KK, Pitkanen H, Eds. Proceedings Anglo Nordic Symposium Long Term Treatment of Psoriasis. Espoo, Finland: Roche Oy, 1987; 63-72.

48. Stern RS. Spontaneous adverse drug reporting: Do numbers tell the story? Drug Information Journal 1987; 21:137-40.

49. Danar DA, Kwan TH, Stern RS, Kasdon EJ, Birnbaum PS, Brown RS. Panniculitis in familial Mediterranean fever. Case report with histopathologic findings. Am J Med 1987; 82:829-32.

50. McEvoy MT, Stern RS. Psoralens and related compounds in the treatment of psoriasis. Pharmacol Ther 1987; 34:75-97.

51. Stern RS, Wintroub BU. Adverse drug reactions: Reporting and evaluating cutaneous reactions. Adv Dermatol, Volume 2. Chicago: Year Book Medical Publishers, 1987; 3-17.

52. Stern RS. Benefits and risks of oral methoxsalen photochemotherapy: A Perspective based on the results from the sixteen-center PUVA Follow-up Study.

In: Farber EM, Nall L, Morhenn V, Jacobs PH, eds. Psoriasis: Proceedings of the Fourth International Symposium, New York: Elsevier, 1987; 188-96.

53. Wintroub BU, Arndt KA, Stern RS: Adverse cutaneous reactions to drugs. In: Fitzpatrick TB et al, eds. DIGM. 3rd edition. New York: McGraw Hill, 1987; 1353-66.

54. Stern RS. Epidemiology of skin disease. In: Fitzpatrick TB et al, eds. DIGM. 3rd edition. New York: McGraw Hill, 1987; 6-10.

55. Stern RS. Beauty today and youth tomorrow? [Editorial] JAMA 1988; 260:688-9.

56. Stern RS. PUVA and the Induction of Skin Cancer. In: Conti and Slaga eds. Skin Tumors, Experimental and Clinical Aspects: Carcinogenesis - A Comprehensive Survey. New York: The Raven Press, 1989; 11:85-101.

57. Kariya ST, Stern RS, Schwartzstein RM, Frank H, Brown RS. Pulmonary hemorrhage associated with bullous pemphigoid of the lung. Am J Med 1989; 86:127-8.

58. Stern RS. PUVA: Its Status in the United States, 1988. In: Fitzpatrick TB et al eds. Psoralens Past, Present and Future. Mountrouge, France: John Libbey Eurotext Ltd, 1989; 367-76.

59. Stern RS. Risk assessment of PUVA and cyclosporine. Lessons from the past; challenges for the future. Arch Dermatol 1989; 125:545-7.

60. Stern RS. PUVA and the induction of skin cancer. Carcinog Compr Surv 1989; 11:85-101.

61. Bigby M, Stern RS, Arndt KA. Allergic cutaneous reactions to drugs. In: Puriser J, ed. Primary Care. Philadelphia: W.B. Saunders, 1989; 16:713-27.

62. Stern RS, Parrish JA, Johnson B. Photochemotherapy. In: Greaves MW and Schuster S eds. Handbook of Experimental Pharmacology: Pharmacology of the Skin II. Berlin: Springer-Verlag, 1989; 87:510-41.

63. Stern RS. Epidemiologic assessment of adverse drug effects. Semin Dermatol 1989; 8:136-40.

64. Abel EA, Pincus SH, Stern RS. Insights into psoriasis management. Patient Care 1989; 23:102-31.

65. Stern RS, Wintroub BU. Side effects of non-steroidal anti-inflammatory drugs. In:

Lowe NJ ed. Anti-inflammatory Drugs in the Skin. Basel: Karger, 1990; 148-56.

66. McEvoy MT, Stern RS. Psoralens and related compounds in the treatment of psoriasis. Encyclopedia of Pharmacology and Therapeutics: Photoactive Agents in Pharmacology and Therapeutics. New York: Pergamon Press, In press.

67. Stern RS. Skin cancer incidence: the effects of surveillance and migration. JAMA 1990; 263:1766-7.

68. Taylor CR, Stern RS, Leyden JJ, Gilchrest BA. Photoaging/photodamage and photoprotection. J Am Acad Derm 1990; 22:1-15.

69. Stern RS. Sunscreen use and nonmelanoma skin cancer. In: Lowe NJ, ed. Sunscreens: Development, Evaluation, and Regulatory Aspects. New York: Marcel Dekker, 1990; 85-92.

70. Wintroub BU, Stern RS. Drug reactions. In: Jordan RE, ed. Immunologic Disease of the Skin. Norwalk: Appleton Lange, 1991; 489-98

71. Stern RS. Drug reactions. In: Maibach H et al, eds. Dermatology Chicago: Lange, 1991; 437-42.

72. Stern RS, Fitzpatrick TB, Honingsman H, Wolff K, Parrish JA. Oral psoralen photochemotherapy. In: Roenigk HH, Maibach H, eds. Psoriasis. 2nd Edition. New York: Marcel Dekker, 1991; 603-24.

73. Levenson DE, Arndt KA, Stern RS: Cutaneous manifestations of adverse drug reactions. In: Immunology and Allergy Clinics of North America. Philadelphia: W.B. Saunders Company, 1991; 11:493-504.

74. Wintroub BU, Stern RS. Cutaneous drug reactions. In: Wilson G et al, eds. Harrison's Textbook of Medicine. Twelfth Edition. New York: McGraw Hill, 1991; 312-7.

75. Stern RS, Arndt KA, Baughman RB. Consensus reports from the convinced: manipulating the information transfer process for drug promotion. JAMA 1991; 265:30.

76. Morison WL, Hadley TP, Gilchrest BA, Stern RS. Photobiology-A periodic synopsis. J Am Acad Dermatol 1991; 25:327-9

77. Stern RS. PUVA and cancer. Lancet 1991; 338:703.

78. Coopman SA, Stern RS. Cutaneous drug reactions in human immunodeficiency virus infection. Arch Dermatol 1991; 127:714-7.

79. Preston DS, Stern RS. Nonmelanoma cancers of the skin. N Engl J Med 1992; 327:1649-62..

80. Stern RS. The carcinogenic risk of PUVA therapy. In: Abel EA, ed. Photochemotherapy in Dermatologic Practice. New York: Igaku-Shoin, 1992; 229-40.

81. Stern RS, Coopman SA. The measure of youth. Arch Dermatol 1992; 128:390-3.

82. Stern RS, Arndt KA, Cropley T. Skin manifestations of acute disorders. In: May HL et al, eds. Emergency Medicine, 2nd Ed. Boston: Little Brown, 1992; 1327-43.

83. Stern RS. Risks of cancer associated with long-term exposure to PUVA in humans: Current Status-1991. Blood Cells, 1992; 18:91-7.

84. Wintroub BU, Stern RS. Cutaneous drug reactions. In: Isselbacher K et. al. Harrison's Textbook of Medicine 13th ed. New York: McGraw Hill, In press.

85. Coopman S, Stern RS. Phototherapy with ultraviolet light B. In: Soter N, Lim Hiu, eds. Clinical Photomedicine. New York: Marcel Dekker, 1993; 307-26.

86. Stern RS. Clinical Pharmacology. Arch Dermatol 1993; 129:347.

87. Stern RS. Systemic Dapsone. Arch Dermatol 1993; 129:301-3.

88. Bammel A, Stern RS, Sterry W. Therapie der androgenetischen Alopezie mit Minoxidil. Dtsch Med Wochenschr 1993; 21:787-9.

89. Stern RS. The epidemiology of cutaneous disease. In: Fitzpatrick TB, et al., editors. DIGM. 4th edition. New York: McGraw-Hill, 1993; 7-13.

90. Blacker KL, Stern RS, Wintroub BU. Cutaneous reactions to drugs. In: Fitzpatrick TB, et al., editors. DIGM. 4th edition. New York: McGraw-Hill, 1993; 1783-94.

91. Muccini J, Stern RS. Erythema multiforme and other erythematosus disorders. In: Rakel RE, Ed. Conns Current Therapy, 1994. Philadelphia, W.B. Saunders Co, 1994, 808-12.

92. Stern RS. Epidemiology of cutaneous disease in HIV infection. A cohort study of health maintenance organization members. J Invest Dermatol 1994; 102:34S-37S.

93. Stern RS. Forty plus and fair: Should I use sunscreens? Arch Dermatol 1994;

131:220-1.

94. Stern R. Metastatic squamous cell cancer after psoralen photochemotherapy. Lancet 1994; 344:1644-5.

95. Roujeau JC, Stern RS. Severe cutaneous reactions to drugs. N Engl J Med 1994; 331:1272-85.

96. Stern RS. The epidemiology of psoriasis. In: Lebwohl M, editor, Dermatologic Clinics: Psoriasis. Philadelphia: W. B. Saunders Co., In press.

97. Stern RS, Steinberg LA. The epidemiology of adverse reactions to drugs. In: Weinstock M, editor, Dermatologic Clinics: Dermatoepidemiology. Philadelphia: W. B. Saunders Co., 1995; 681-8.

98. Stern RS, Shear NH. Cutaneous reactions to Drugs and Biologic Response Modifiers. In: Arndt KA, et al., editors. Cutaneous Medicine and Surgery. Philadelphia: W. B. Saunders Co., 1995; 412-25.

99. Kelley L, Stern RS. Acne vulgaris and Rosacea. In: Rakel RE, Ed. Conn's Current Therapy. Philadelphia: W. B. Saunders Co., 1995; 703-5.

100. Stern RS, Wu J. Psoriasis. In: Arndt KA, et al., editors. Cutaneous Medicine and Surgery. Philadelphia: W.B. Saunders Co., 1995; 295-316.

101. McKenna KE, Stern RS. The outcomes, movement and new measurer of severity of psoriasis. J Am Acad Dermatol 1996; 34:534-8.

102. Stern RS. Psoriasis. In: Arndt KA, et al, eds. Dermatology: Cutaneous medicine and surgery in primary care. Philadelphia: W.B Saunders Co., 1997; 177-81.

103. Stern RS. Cutaneous drug reactions. In: Arndt KA, et al, eds. Dermatology: Cutaneous medicine and surgery in primary care. Philadelphia: W.B. Saunders Co., 1997; 85-9.

104. Stern RS. Toxic epidermalnecrolysis/Stevens Johnson syndrome. In: Arndt KA, et al, eds. Dermatology: Cutaneous medicine and surgery in primary care. Philadelphia: W.B. Saunders Co., 1997; 256-59.

105. Guibal F, Roujeau JC, Stern RS. Management of acquired bullous skin diseases. N Engl J Med 1966; 334:864-65.

106. Wintroub BU, Stern RS. Cutaneous drug reactions. In: Isselbacher K, et al, eds. Harrison's Textbook of Medicine, 14th edition. New York: McGraw Hill, In

press.

107. Stern RS. Psoriasis. Lancet 1997; 350:349-53.

108. Stern RS. Narowband UVB and psoriasis. Arch Dermatol 1998; 133:1587-1588.

109. Morison WL, Baughman RD, Day RM, et al. Consensus workshop on the toxic effects of long-term PUVA therapy. Arch Dermatol 1998; 134:595-598.

110. Stern RS. PUVA and nonmelanoma skin cancer. In: Grob JJ, et al. editors. Epidemiology, Causes and Prevention of Skin Diseases. Oxford: Blackwell Scientific, 1997; 85-89.

111. Stern RS. Acne. In: Grob JJ, et al. editors. Epidemiology, Causes and Prevention of Skin Diseases. Oxford: Blackwell Scientific, 1997; 354-358.

112. Morison WL, Baughman RD, Day RM, Forbes PD, Hoenigsmann H, Krueger GG, Lebwohl M, Lew R, Naldi L, Parrish JA, Peipkorn M, Stern RS, Weinstein GD, Whitmore SE. Concensus workshop on the toxic effects of long-term PUVA therapy. Arch Dermatol 1998;134:595-8.

113. Stern RS. Photocarcinogenicity of drugs. Toxicol Lett 1998; 102-103:389-92.

114. Rzany B, Naldi L, Stern R, Williams H. The diagnosis of psoriasis: diagnostic criteria. Br J Dermatol 1998; 138:917.

115. Stern RS. The epidemiology of cutaneous disease. In: Freedberg IM, et al. editors. Fitzpatrick's Dermatology in General Medicine, 5th Edition, McGraw-Hill, New York, 1999;1:7-12.

116. Stern RS, Weintraub BU. Cutaneous reactions to drugs. In: Freedberg IM et al. editors. Fitzpatrick's Dermatology in General Medicine, 5th Edition, McGraw-Hill, New York, 1999;1:1633-41.

117. Guberman AH, Besag FM, Brodie MJ, Dooley JM, Duchowny MS, Pellock JM, Richens A, Stern RS, Trevathan E. Lamotrigine-associated rash: risk/benefit considerations in adults and children. Epilepsia 1999; 40;985-91.

118. Fine JD, Johnson LB, Suchindran C, Bauer EA, Carter DM, McGuire J, Lin A, Stern R, Nall L, Moshell A. Cutaneous and skin-associated musculoskeletal manifestations of inherited epidermolysis bullosa: the National Epidermolysis Bullosa Registry experience. In: Fine JD, et al. editors. Epidermolysis Bullosa. Baltimore: The Johns Hopkins University Press, 1999; 114-46.

119. Fine JD, Johnson LB, Suchindran C, Bauer EA, Carter DM, McGuire J, Stern R, Nall L, Moshell A. Extracutaneous manifestations of inherited epidermolysis bullosa: the National Epidermolysis Bullosa Registry experience. In: Fine JD, et al. editors. Epidermolysis Bullosa. Baltimore: The Johns Hopkins University Press, 1999; 147-74.

120. Fine JD, Johnson LB, Suchindran C, Bauer EA, Carter DM, McGuire J, Lin A, Stern R, Nall L, Moshell A. Cancer and inherited epidermolysis bullosa: lifetable analyses of the National Epidermolysis Bullosa Registry study population. Fine JD, et al. editors. Epidermolysis Bullosa. Baltimore: The Johns Hopkins University Press, 1999; 175-92.

121. Fine JD, Johnson LB, Suchindran C, Bauer EA, Carter DM, McGuire J, Lin A. Stern R, Nall L, Moshell A. Socioeconomic features of inherited epidermolysis bullosa: the National Epidermolysis Registry experience. Baltimore: The Johns Hopkins University Press. 1999; 257-79.

122. Stern RS. Malignant melanoma in patients treated for psoriasis with PUVA. Photodermatol Photoimmunol Photomed 1999; 15:37-8.

123. Stern RS. The mysteries of geographic variability in nonmelanoma skin cancer incidence. Arch Dermatol 1999; 135:843-4.

124. Stern RS. Improving the outcome of patients with toxic epidermal necrolysis and Stevens-Johnson syndrome. Arch Dermatol 2000; 136:410-1.

125. Stern, RS, Choisdow OM, Wintroub BU. Cutaneous Drug Reactions. McGraw-Hill 15th edition 2001; 336-341

126. Nijsten TE, Stern RS. Genital squamous cell carcinoma in men treated by photochemotherapy. A cancer registry-based study from 1978 to 1998. Br J Dermatol 2002; 147:184-5;discussion 185-6.

127. Stern RS. Bullous pemphigoid therapy–think globally, act locally. [Editorial] NE J Med 2002; 346:364-367.

128. Stern RS. Assessing the safety of immunologic modifiers for the treatment of chronic disease: the psoriasis paradigm. J Invest Dermatol, 2003; 120: xi-xii.

129. Stern RS. A promising step forward in psoriasis therapy. JAMA, 2003; 290:3133-35

130. Stern RS, Nijsten, T. Insuring Rapid and Robust safety assessment. J Invest of Dermatol. 2004 Mar; 122(3): 857-8

131. Stern RS. Clinical Practice. Treatment of Photoaging N Engl J Med. 2004; 350: 1526-34

132. Lee JC, Stern RS PUVA Encyclopedia of Toxicology 2nd Edition: Editorial Board *In Press*

133. Choisdow OM Stern, RS, Wintroub BU. Cutaneous Drug Reactions In: Kasper DL et.al. eds. Harrison's Principles of Internal Medicine. McGraw-Hill 16th edition 2004; In press

134. Aspen OQ, Stern RS. Acne Vulgaris and Rosacea. Rakel and Bope; Conn's Current Therapy 56th edition 2004;822-824

135. Stern RS, Nijsten T. Insuring rapid and robust safety assessment. J Invest Dermatol 2004; 122 (3) : 857-8

136. Stern RS. Questions & answers. Of all the treatments that promise to improve the appearance of aging skin, which ones have been medically proven to actually work? Health News 2004; 10 (7):16

137. Williams HC, Stern RS. Prospective clinical trial registration. J. Invest Dermatol; In Press

138. Stern RS. Proportion of Lifetime UV Dose Received by Age 18, What Stern et.al. actually said in 1986. J. Invest Derm; In Press

Books and Monographs:

1. Dover J, Arndt KA, Geronemus R, Olbricht S, Stern RS, Noe JM. Illustrated Cutaneous Laser Surgery, A Practitioner's Atlas. Norwalk, CT: Appleton and Lange, 1990.

2. Lawrence R, Moshell A, Safavi K, Stern R. Proceedings of the Workshop on the Epidemiology of Skin Diseases. J Invest Dermatol 1994; 102:15-585.

3. Grob JJ, Stern RS, Mackie R, Weinstock M. Epidemiology: Causes and prevention of skin diseases. Oxford: Blackwell Science, 1997.

Non-print Materials:

1. Stern RS, Schnipper L. Malignant melanoma educational program. Audio Visual program, Beth Israel Hospital, 1985.

2. Stern RS. Adverse reactions to drugs, dialogues in dermatology. American Academy of Dermatology Audiojournal. 1985; 16(3).

3. Stern RS. Psoriasis. Core Curriculum in Primary Care (CDROM). Newton, MA: Silver Platter Education, 1996.

4. Wrone DA, Stern RS. Basal cell carcinoma: Epidemiology and etiology, clinical presentation, differential diagnosis and prognosis. Wellesley, MA: Up To Date, 2002.

5. Lim Lee J, Stern RS. Epidemiology, Clinical Presentation and Prognosis of Squamous Cell Cancer Wellesley, MA: Up to Date. 2004

APPENDIX 4

(6)

MAR 0 3 2004

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

LASANDRA MADDEN, ET AL.	:	
	:	
vs.	:	CIVIL ACTION NO. **3-03CV-0167R**
	:	
WYETH, ET AL.	:	

WAIVER OF NOTICE

Our client, **Joseph Cohen**, has commissioned TEAM LEGAL to obtain records on **LaBrea Au'Breyanna Williams** from the following custodian for use in the above referenced case.

IF COPIES ARE DESIRED, PLEASE INDICATE BELOW BY MARKING Y OR N.

See Attached Location List 'A'

I agree that I and/or my firm will be responsible for payment of the copies of records ordered on this waiver. I acknowledge that invoices are due and payable within 30 days of receipt and that actions for collection of services are performable and payable in County, Texas.

☐ I DO AGREE TO WAIVE THE NOTICE PERIOD.
☑ I DO NOT AGREE TO WAIVE THE NOTICE PERIOD.

Dated: March 8, 2004

James C. Barber/mn
Signed

James C. Barber
Law Offices of James C. Barber
4310 Gaston Avenue
Dallas, TX 75246 (281) 821-8840 Fax (214) 821-3834
Attorney for Plaintiff
SBA #

Please Return To: **TEAM LEGAL**
Houston Headquarters, 19840 Cypress Church Road
Cypress, TX 77433-1478
(713) 937-4242 Fax (713) 937-9995

NOTE: RETURN OF THIS FORM IS REQUIRED WITHIN FOURTEEN (14) DAYS TO PROCESS YOUR REQUEST. ANY CANCELLATION OF THE ABOVE MUST BE IN WRITING. IF THE RECORDS HAVE ALREADY BEEN COPIED AND FEES INCURRED, THEN BILLING WILL BE PRORATED ACCORDINGLY.

Order No. **01-13808-001 thru 011**

TOTAL P.01

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

LASANDRA MADDEN, ET AL.	:	
	:	
	:	
vs.	:	CIVIL ACTION NO. **3-03CV-0167R**
	:	
	:	
WYETH, ET AL.	:	

NOTICE OF INTENTION TO TAKE DEPOSITION BY WRITTEN QUESTIONS

To Plaintiff by and through their attorney(s) of record: **James C. Barber**
To other party/parties by and through their attorney(s) of record: **William D. Sims, Jr.**

You will please take notice that fourteen (14) days from the service of a copy hereof with attached questions, a deposition by written questions will be taken of Custodian of Records for:

Children's Medical Center of Dallas (Medical)
1935 Motor Street Dallas, TX 75235

before a Notary Public for **TEAM LEGAL (713) 937-4242 Fax (713) 937-9995**
Houston Headquarters, 19840 Cypress Church Road, Cypress, TX 77433-1478
or its designated agent, which deposition with attached questions may be used in evidence upon the trial of the above-styled and numbered cause pending in the above named court. Notice is further given that request is hereby made as authorized under Rule 45, Federal Rules of Civil Procedure, to the officer taking this deposition to issue a subpoena duces tecum and cause it to be served on the witness to produce any and all records as described on the attached questions and/or Exhibit(s) and any other such record in the possession, custody or control of the said witness, and every such record to which the witness may have access, pertaining to:

LaBrea Au'Breyanna Williams

and to turn all such records over to the officer authorized to take this deposition so that photographic reproductions of the same may be made and attached to said deposition.

Joseph Cohen (dg)
Joseph Cohen
Vinson & Elkins, L.L.P.
1001 Fannin Street, Suite 2300
Houston, TX 77002
(713) 758-2222 Fax (713) 758-2346
Attorney for Defendant

I hereby certify that a true and correct copy of the foregoing instrument has been forwarded to all Counsel of Record by hand delivery, FAX, and/or certified mail, return receipt requested, on this day.

Dated: March 2, 2004

by _____

Order No. **01-13808-006**

AO 88 (Rev. 11/91) Subpoena in a Civil Case

United States District Court

FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

LASANDRA MADDEN, ET AL.

SUBPOENA IN A CIVIL CASE

vs.

CASE NUMBER: 3-03CV-0167R

WYETH, ET AL.

TO: Custodian of Records for: **Children's Medical Center of Dallas**
1935 Motor Street
Dallas, TX 75235 (214) 456-2000

☐ YOU ARE COMMANDED to appear in the United States District Court at the place, date, and time specified below to testify in the above case.

PLACE OF TESTIMONY	COURTROOM
	DATE AND TIME

☒ YOU ARE COMMANDED to appear at the place, date, and time specified below to testify at the taking of a deposition in the above case.

PLACE OF DEPOSITION	DATE AND TIME
The office of the custodian: **1935 Motor Street, Dallas, TX 75235**	**Instanter**

☒ YOU ARE COMMANDED to produce and permit inspection and copying of the following documents or objects at the place, date, and time specified below (list documents or objects):
any and all medical records, including but not limited to, all treatment records, reports, notes, tests and results, questionnaires, correspondence, records contained in the file from other sources, and all related documents

Pertaining to: LaBrea Au'Breyanna Williams, SSN: 437-89-7082, DOB: 07/20/1994

PLACE	DATE AND TIME
The office of the custodian: **1935 Motor Street, Dallas, TX 75235**	**Instanter**

☐ YOU ARE COMMANDED to permit inspection of the following premises at the date and time specified below.

PREMISES	DATE AND TIME

Any organization not a party to this suit that is subpoenaed for the taking of a deposition shall designate one or more officers, directors, or managing agents, or other persons who consent to testify on its behalf, and may set forth, for each person designated, the matters on which the person will testify. Federal Rules of Civil Procedure, 30(b) (6).

ISSUING OFFICER SIGNATURE AND TITLE (INDICATE IF ATTORNEY FOR PLAINTIFF OR DEFENDANT)	DATE
Joseph Cohen (by) **Attorney for Defendant**	**March 2, 2004**

ISSUING OFFICER'S NAME, ADDRESS AND PHONE NUMBER
Joseph Cohen
Vinson & Elkins, L.L.P.
1001 Fannin Street, Suite 2300 , Houston, TX 77002 (713) 758-2222

(See Rule 45, Federal Rules of Civil Procedure, Parts C & D on Reverse)

Order No. **01-13808-006**

PROOF OF SERVICE

	DATE	PLACE
SERVED		

SERVED ON (PRINT NAME)	MANNER OF SERVICE
SERVED BY (PRINT NAME)	**TITLE**

DECLARATION OF SERVER

I declare under penalty of perjury under the laws of the United States of America that the foregoing information contained in the Proof of Service is true and correct.

Executed on _____
DATE

_____
SIGNATURE OF SERVER

_____
ADDRESS OF SERVER

Rule 45, Federal Rules of Civil Procedure, Parts C & D:

(c) PROTECTION OF PERSONS SUBJECT TO SUBPOENAS.

(1) A party or an attorney responsible for the issuance and service of a subpoena shall take reasonable steps to avoid imposing undue burden or expense on a person subject to that subpoena. The court on behalf of which the subpoena was issued shall enforce this duty and impose upon the party or attorney in breach of this duty an appropriate sanction, which may include, but is not limited to, lost earnings and a reasonable attorney's fee.

(2) (A) A person commanded to produce and permit inspection and copying of designated books, papers, documents or tangible things, or inspection of premises need not appear in person at the place of production or inspection unless commanded to appear for deposition, hearing or trial.

(B) Subject to paragraph (d) (2) of this rule, a person commanded to produce and permit inspection and copying may, within 14 days after service of the subpoena or before the time specified for compliance if such time is less than 14 days after service, serve upon the party or attorney designated in the subpoena written objection to inspection or objection is made, the party serving the subpoena shall not be entitled to inspect and copy the materials or inspect the premises except pursuant to an order of the court by which the subpoena was issued. If objection has been made, the party serving the subpoena may, upon notice to the person commanded to produce, move at any time for an order to compel the production. Such an order to compel the production shall protect any person who is not a party or an officer of a party from significant expense resulting from the inspection and copying commanded

(3) (A) On timely motion, the court by which a subpoena was issued shall quash or modify the subpoena if it

(i) fails to allow reasonable time for compliance;
(ii) requires a person who is not a party or an officer of a party to travel to a place more than 100 miles from the place where that person resides, is employed or regularly transacts business in person, except that, subject to the provisions of clauses (c) (3) (B) (iii) of this rule, such a person may in order to attend trial be commanded to travel from any such place within the state in which the trial is held, or
(iii) requires disclosure of privileged or other protected matter and not exception or waiver applies, or
(iv) subjects a person to undue burden.

(B) If a subpoena

(i) requires disclosure of a trade secret or other confidential research, development, or commercial information, or
(ii) requires disclosure of an unretained expert's opinion or information not describing specific events or occurrences in dispute and resulting from the expert's study made not at the request of any party, or
(iii) requires a person who is not a party or an officer of an party to incur substantial expense to travel more than 100 miles to attend trial, the court may, to protect a person subject to or affected by the subpoena, quash or modify the subpoena or, if the party in whose behalf the subpoena is issued shows a substantial need for the testimony or material that cannot be otherwise met without undue hardship and assures that the person to whom the subpoena is addressed will be reasonably compensated, the court may order appearance or production only upon specified conditions.

(d) DUTIES IN RESPONDING TO SUBPOENA.

(1) A person responding to a subpoena to produce documents shall produce them as they are kept in the usual course of business or shall organize and label them to correspond with the categories in the demand.

(2) When information subject to a subpoena is withheld on a claim that it is privileged or subject to protection as trial preparation materials, the claim shall be made expressly and shall be supported by a description of the nature of the documents, communications, or things not produced that is sufficient to enable the demanding party to contest the claim.

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

LASANDRA MADDEN, ET AL.	:	
vs.	:	CIVIL ACTION NO. **3-03CV-0167R**
WYETH, ET AL.	:	

DIRECT QUESTIONS TO BE PROPOUNDED TO THE WITNESS

Custodian of Records for: **Children's Medical Center of Dallas**
Records Pertaining To: **LaBrea Au'Breyanna Williams**
Type of Records: **any and all medical records, including but not limited to, all treatment records, reports, notes, tests and results, questionnaires, correspondence, records contained in the file from other sources, and all rela ted documents**

1. Please state your full name.
   Answer: Linear McDaniel

2. Please state by whom you are employed and the business address.
   Answer: Children's Medical Center of Dallas

3. What is the title of your position or job?
   Answer: Record Custodian

4. Are the medical records, outlined in the subpoena duces tecum, pertaining to the above-named person, in your custody or subject to your control, supervision or direction?
   Answer: Yes

5. Are you able to identify these medical records as the originals or true copies of the originals?
   Answer: Yes

6. Please hand to the Officer taking this deposition copies of the medical records mentioned in Question No. 4. Have you complied? If not, why?
   Answer: Copies Attached to the deposition.

7. Are the copies which you have handed to the Officer taking this deposition true and correct copies of all such medical records?

Order No. **01-13808-006**

Answer: Copies attached to the deposition are true & Correct Copies.

8. Were such medical records kept in the regular course of business of this facility?

Answer: Yes

9. Please state whether or not it was the regular course of business of the above mentioned facility for a person with knowledge of the acts, events, conditions, opinion, or diagnoses, recorded to make the record or to transmit information thereof to be included in such record.

Answer: Yes

10. Were the medical records made by nurses, doctors and other employees or representatives made at or near the time when the acts, events, conditions, courses of treatment, diagnoses and other information contained therein occurred, were observed or rendered, or made reasonably soon thereafter?

Answer: Yes

Veniecer McDaniel
WITNESS (Custodian of Records)

Before me, the undersigned authority, on this day personally appeared Veniecer McDaniel, known to me to be the person whose name is subscribed to the foregoing instrument in the capacity therein stated, who being first duly sworn, stated upon his/her oath that the answers to the foregoing questions are true and correct. I further certify that the records attached hereto are exact duplicates of the original records.

SWORN TO AND SUBSCRIBED before me this 20 day of April, 2004.

Rochelle R Johnson
NOTARY PUBLIC

ROCHELLE R. JOHNSON
Notary Public, State of Texas
My Commission Expires
April 15, 2005

My Commission Expires: 4.15.2005

Order No. 01-13808-006

CHILDREN'S MEDICAL CENTER OF DALLAS — OUTPATIENT/ER REGISTRATION

1935 MOTOR STREET DALLAS,TEXAS 75235 (214) 640-2000

PATIENT NAME / ADDRESS	PHONE/COUNTY/VIP/SSN	PATIENT ACCT. NO	MED RECORD NO	ADMIT DATE/TIME
WILLIAMS ,LABREA	972-480-0932	18267831	870263	01/04/99 16:42
9299 FOREST LN #1051	113 Y	TYPE/SEX/RACE AGE	D O B	M/S RM/BED SURG DATE
DALLAS TX 75243		E F 3 4	07/20/1994	

RELIGION/CHURCH	PUB	PREV.AMT.	WHERE	PREV ADM	PREV DSCH
	Y				

PARENT NAME / ADDRESS	REL./PHONE/SSN	EMPLOYER NAME / ADDRESS	OCCUPATION/EMP.PHONE

MOTHER'S MAIDEN NAME: BARBER	FINANCIAL CLASS: L	NO INSURANCE PLANS: 2

GUARANTOR NAME / ADDRESS	REL./PHONE/SSN	EMPLOYER NAME / ADDRESS	OCCUPATION/EMP.PHONE
WILLIAMS ,LASANDRA	MOTHER	AECIS COMMUNCATION	CUSTOMER SERVIC
9299 FOREST LN #1051	972-480-0932	BELTLINE RD	972-830-1800
DALLAS TX 75243	438279673	DALLAS TX 00000	

NEXT OF KIN NAME / ADDRESS	REL./PHONE/SSN	EMPLOYER NAME / ADDRESS	OCCUPATION/EMP.PHONE
BARNES ,TAMERA	OTHER		
UNKNOWN	972-494-4655		
DALLAS TX 00000			

EMERGENCY CONTACT NAME / ADDRESS	REL /PHONE	PRIMARY CARE PHYSICIAN NAME,ADDRESS,PHONE,FAX
	OTHER	NO PCP PER MOM PH
	HM:	FX:
	WK:	

INSURANCE PLAN 1	INSURANCE PLAN 2	INSURANCE PLAN 3	INSURANCE PLAN 4
MEDICAID	CMC FINANC INDIGENT		

ATTENDING PHYSICIAN	MEDICAL SERVICE	REFERRING PHYS.NAME,ADDRESS,AND TELEPHONE,FAX
WIEBE ROBERT		PH:
DIAGNOSIS/COMPLAINT		FX:
CHICKEN POX		

ADDITIONAL COMMENTS:

MRN: 870263C Visit: 18267831 DocType: TRIAGE   CHILDRENS MEDICAL CENTER OF DALLAS - CONFIDENTIAL INFORMATION

[redacted]

CHILDREN'S MEDICAL CENTER OF DALLAS
1935 Motor Street • Dallas, Texas 75235 • (214) 640-2000
EMERGENCY REFERRAL CENTER
TRIAGE RECORD

MED REC NO: 870263 18267831
PATIENT: WILLIAMS , LABREA
01/04/99 ERC
07/20/94 D T
DATE: 1.4
DOB: 7.20.94 4yo

TRIAGE ASSESSMENT

Triage Time: 1605   Date: 1.4.99

Triage Level / Disposition: ☐1 ☐2 ☐3 ☒4 ☐5 — ☒ Emergency Center ☐ Quick Care ☐ Parkland Fasttrack Clinic
Arrival Mode: 5

Exposures: ☒Yes ☐No   Trauma patient: ☐Yes ☒No
If yes, to what? Chicken pox   English speaking: ☒Yes ☐No

Chief complaint / Present illness: Chicken pox fever

Past medical / Surgical history: Ø

S. Speed, RN   1.4.99
RN Signature   Date

PERTINENT PHYSICAL ASSESSMENT

Pertinent vital signs:
Temp: 38.5   Respiratory: 20
Pulse: 110

MENTAL STATE
☒ Alert, responsive ☐ Combative
☐ Oriented ☐ Confused
☐ Sleeping, easily aroused ☐ Lethargic
☐ Crying, consolable ☐ Unresponsive

RESPIRATORY
☒ Nonlabored ☐ Grunting ☒ Clear
☐ Shallow ☐ Flaring ☒ Rales/Rhonchi
☐ Deep ☐ Stridor ☐ Diminished
☐ Labored ☐ Retraction ☐ Wheezing

COLOR
☒ Pink ☐ Mottled ☐ Cyanotic
☐ Pale ☐ Flushed ☐ Jaundiced

SKIN TEMPERATURE
☐ Cool ☒ Dry
☒ Warm ☐ Clammy
☐ Hot ☐ Diaphoretic

MUCOUS MEMBRANES
☒ Moist ☐ Pale
☐ Sticky ☒ Pink
☐ Dry ☐ Dusky

PERIPH CAP REFILL
☒ < 2 seconds
☐ Delayed ____ seconds

ABDOMEN
☒ Soft ☐ Nondistended
☒ Nontender ☐ Distended
☐ Tender ☐ Rigid

PRIMARY ASSESSMENT

Time in room: ____   Assessment time: ____

Physical assessment:

Temp: ____ Resp: ____
Pulse: ____ BP: ____

Immunizations up to date: ☒Yes ☐No ☐UNK
Immunizations resources given: ☐Yes ☒No
Primary M.D. / Clinic:
Referring M.D.:
Allergies: NKDA.

LNMP:
Informant:
Informant relation to patient:

Current medications:
Advil @ 1330

RN Signature   Date

MENTAL STATE
☐ Alert, responsive ☐ Combative
☐ Oriented ☐ Confused
☐ Sleeping, easily aroused ☐ Lethargic
☐ Crying, consolable ☐ Unresponsive

PEDIATRIC COMA SCALE		Time: Arrival
4	Spontaneous	
3	To Speech	
2	To Pain	
1	No Response	
5	Oriented / Babbles / Smiles	
4	Disoriented / Inappropriate Cries	
3	Inappr. Words/ Persis. Screams	
2	Incomprehensible Sounds / Grunts / Moan	
1	No Response	
6	Obeys / Norm / Spont	
5	Localizes Pain / Pushes Away	
4	Flexion / Withdrawal	
3	Flexion (Posturing) / Decorticate	
2	Extension (Posturing) Decerebrate	
1	No Response	
P=	Paralyzed / Intubated	
	ADD TOTAL SCORE / TOTAL	
	LEFT PUPIL SIZE / REACTION	
	RIGHT PUPIL SIZE / REACTION	

SKIN TEMPERATURE
☐ Cool ☐ Dry
☐ Warm ☐ Clammy
☐ Hot ☐ Diaphoretic

MUCOUS MEMBRANES
☐ Moist ☐ Pale
☐ Sticky ☐ Pink
☐ Dry ☐ Dusky

PERIPH CAP REFILL
☐ < 2 seconds
☐ Delayed ____ seconds

ABDOMEN
☐ Soft ☐ Nondistended
☐ Nontender ☐ Distended
☐ Tender ☐ Rigid

RESPIRATORY
☐ Nonlabored ☐ Grunting
☐ Shallow ☐ Flaring
☐ Deep ☐ Stridor
☐ Labored ☐ Retraction
☐ Clear ☐ Diminished
☐ Rales/Rhonchi ☐ Wheezing

COLOR
☐ Pink ☐ Flushed
☐ Pale ☐ Cyanotic
☐ Mottled ☐ Jaundiced

Additional Notes:
4 y/o c Varicella - Alert
Dry Tepid Ambulatory
T-38.5
stable for D/C

CMC81501-009 (3204 8/96)   WHITE - Medical Records   YELLOW - ERC File   PINK - Registration

Printed by James, Carloyn   0001   Job # 1324279 at 04/10/04 19:37:18

870263 WILLIAMS LABREA 18267831
01/04/99 ERC
07/20/94 D T I

CHILDREN'S MEDICAL CENTER OF DALLAS
1935 Motor Street
Dallas, Texas 75235
(214) 640-2000

ADMISSION AGREEMENT (Pg.1)

Patient Name:

MR#:

PATIENT AND/OR GUARANTOR MUST REVIEW AND COMPLETE THE FOLLOWING INFORMATION

I. Consent for Care and Treatment

I hereby acknowledge that I/my child/my ward needs medical care and treatment.
I voluntarily consent to the performance of hospital services and the use of all means of diagnostic and laboratory work of any kind but (including but not limited to the taking of blood, tissue, fluids and other body samples, pictures and videotapes, x-ray or other radiographic procedures) upon myself/my child/my ward, which are deemed necessary or prudent by an attending physician or any other member of the staff of Children's. I understand that Children's functions in part as a teaching institution and I hereby acknowledge and consent to the use of myself/my child/my ward and related records, laboratory work or specimens and diagnostic results to be used from time to time for instructional purposes at the sole discretion of Children's

L.W
(Initial)

II. Release of Medical Information

I hereby authorize Children's Medical Center of Dallas (Children's), an attending physician, or any other representative or agent of Children's to release any and all medical records and information to which they have access, or which they may be maintaining which involve in any way me/my child/my ward, to my referring physician, insurance company, prepayment organization (including their agents and representatives), or other provider of funds or medical services or goods on my behalf, without necessity of any further consent or notice to me. Unless you request otherwise, your/your child's name is added to the hospital's patient admission list upon your/your child's admission. This allows the Hospital to acknowledge to others your/your child's presence and room number and allows you/your child to receive telephone calls, flowers, mail and visitors. The Hospital may acknowledge you/your child's condition with a one word statement (good, fair, serious, critical) upon request.

L.W
(Initial)

I choose for me/my child to remain a "no information" patient which means my/my child's presence will not be acknowledged and I/my child will not receive telephone calls, flowers, visitors, etc.

L.W
(Initial)

I further authorize Children's, an attending physician, or any other representative or agent of Children's to release copies of myself/my child/my ward's medical records as described above and allow review of such records at the hospital by any agent or representative of said insurance companies or third party payers or providers of medical goods and services. The primary reasons and purposes of this release are to facilitate *receipt of payment by Children's or an attending physician on my behalf for services rendered to me/my child/my ward by facilitating the* conducting of any medical audits, utilization reviews, or quality assurance reviews undertaken with respect to the hospitalization contemplated by this agreement. If applicable, I understand that the authorization under II includes the release of all information about the testing, results and treatment for HIV (AIDS), communicable diseases, drugs/alcohol and mental health diseases/disorders.

L.W
(Initial)

III. MEDICARE ONLY: Patient's Certification and Authorization to Release Information and Payment Request

I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me or the Patient to release to the Social Security Administration or intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf.

L.W
(Initial)

IV. Patients eighteen (18) years of age and older, Legal Guardians of Incompetent Adults and Emancipated Minors ONLY:

☐ I have received information regarding advanced directives and the hospital's policies related to them.
I have executed the following document(s):

☐ Durable Power of Attorney	☐ Copy filed in Medical Record by_____ Employee Signature_____
☐ Directive to Physician's	☐ Copy filed in Medical Record by_____ Employee Signature_____
☐ Declaration for Mental Health Treatment	☐ Copy filed in Medical Record by_____ Employee Signature_____
☐ Out of Hospital - Do Not Resuscitate Order	☐ Copy filed in Medical Record by_____ Employee Signature_____

_____
(Initial)

87005-001 (Rev. 11/97)

MEDICAL RECORDS

CHILDREN'S MEDICAL CENTER OF DALLAS
1935 Motor Street
Dallas, Texas 75235
(214)640-2000

870263 18267831
WILLIAMS , LABREA
01/04/99 ERC
07/20/94 D T I

SSION AGREEMENT (Pg. 2)

Patient Name:_____

MR #:_____

V. Assignment of Benefits and Agreement to Pay for Services

I hereby assign and transfer to: 1) Children's Medical Center of Dallas (Children's) and 2) attending physicians any and all of the following to which I may be entitled either in law or in equity, benefits, monies, and any sums or other credits payable to me/my child/my ward for hospitalization, sickness, accident, or otherwise under any hospitalization, sickness, accident, or other insurance policy, or any other state, federal, or private insurance policy which might be applied toward payment of or reimbursement for any and all services rendered or goods supplied as a result of the hospitalization and/or treatment contemplated by this agreement. If for any reason, I am unable to assign or transfer such rights, I hereby authorize and appoint Children's as my agent with respect to the pursuance, receipt and application of such funds as it sees fit.

I hereby acknowledge personal responsibility for any and all hospital, physician, or other charges for goods and services related to the hospitalization contemplated by this agreement and understand, agree to and acknowledge that any amounts received on my behalf by Children's will only serve to reduce amounts for which I am therefore responsible. I further agree to pay any balance outstanding after such amounts and insurance benefits have been applied to my accounts, including but not limited to, any room charges for which complete reimbursement was not made. I understand certain charges may be separately billed, including those for hospital care and physicians, and such may be mailed to me under separate cover.

I specifically acknowledge that I am responsible for any charges for a private room provided to the above patient, in particular those daily charges for such room that are in excess of the charges for a semi-private room.

L.W.
(Initial)

NOTICE TO ALL PATIENTS

VI. Physicians who treat patients in this facility are not employees of Children's Medical Center of Dallas but are independent contractors or employees of other institutions.

NOTICE CONCERNING COMPLAINTS

Complaints about physicians, as well as other licensees and registrants of the Texas State Board of Medical Examiners, including physician assistants and acupuncturists, may be reported for investigation at the following address:

Texas State Board of medical Examiners
Attention: Investigations
1812 Centre Creek Drive, Suite 300
P.O. Box 149134
Austin, Texas 78714-9134

Assistance in filing a complaint is available by calling the following telephone number:
1-800-201-9353

L.W.
(Initial)

• **OUTPATIENT CLINIC CONSENT VALID THROUGH: ___/___/___** _____ **INITIALS**

Date:_____ Signature:_____

White Copy - Medical Records **Yellow Copy - Attending Physician** **Pink Copy - Consulting Physician**
Gold Copy - Business Office

[redacted]
FS

childrens
MEDICAL CENTER OF DALLAS
1935 Motor Street
Dallas, TX 75235 (214)456-7000

AMBULATORY SERVICE
PRIMARY INSURANCE FORM

PUBLICITY: ALLOWED PUB

PATIENT

PATIENT'S NAME			RACE	SSN	MRN	FNBR
WILLIAMS, LABREA			BLACK	437-89-7082	000870263	29590692
PREFERRED NAME	MOTHER'S MAIDEN NAME	DATE OF BIRTH	AGE	SEX	LANGUAGE	
	BARBER	07/20/1994	8 Years	F	ENGLISH	
ADDRESS		HOME PHONE				
8201 MANDERVILLE LANE #208 DALLAS, TEXAS 75231		(214) 360-0031				

VISIT

PATIENT TYPE	MEDICAL SERVICES	ADMIT SYMPTOM	ADMIT DATE/TIME	EXP ARRIVAL DATE/TIME
AMBULATORY S	OPTHALMOLOGY	STEVENS JOHNSON	08/15/2002 09 13 AM	00 00 AM
LOCATION	ROOM	BED	SURGERY DATE/TIME	CONSENT SIGNED DATE
Ophthalmology			00 00 AM	

PRIMARY CARE PHYSICIAN	ADDRESS	PHONE	FAX
NEELY, JOE B	8325 WALNUT HILL LAN SUITE 225 DALLAS, TX 75231	(214) 691-3535	(214) 691-0404
REFERRING PHYSICIAN NAME	ADDRESS	PHONE	FAX
NEELY, JOE B	8325 WALNUT HIL SUITE 225 DALLAS, TX 75231	(214) 691-3535	(214) 691-0404
ADMITTING PHYSICIAN	ATTENDING PHYSICIAN	FINANCIAL CLASS	USER ID
	WEAKLEY, DAVID R	MANAGED CARE	VILLARREAL,ARMA

GUARANTOR

GUARANTOR NAME	SEX	DATE OF BIRTH	RLTN TO PT	SSN	EMAIL
MADDAN, LASANDRA	F	09/18/1972	MOTHER	438-27-9623	
ADDRESS		OCCUPATION	HOME PHONE	CELLULAR PHONE	
8201 MANDERVILLE LANE #208 DALLAS, TEXAS 75231		CSR	(214) 360-0031		
EMPLOYER & ADDRESS			WORK PHONE	PAGER NUMBER	
ADVANCE PCS 1300 E KIMBEL R, RICHARDSON, TEXAS 75214			(972) 813-3373		

ADDITIONAL CONTACT

SECOND PARENT NAME	SEX	DATE OF BIRTH	RLTN TO PT	SSN	EMAIL
MADDAN, LEVELL			STEP F	000-00-0000	
ADDRESS		OCCUPATION	HOME PHONE	CELLULAR PHONE	
8201 MANDERVILLE LANE #208 DALLAS, TEXAS 75231			(214) 360-0031		
EMPLOYER & ADDRESS			WORK PHONE	PAGER NUMBER	
NOEMPLOYER					
NEXT OF KIN		RELATION TO PATIENT	HOME PHONE	WORK PHONE	
SHARON, YOUNG		AUNT		(214) 290-6724	

INSURANCE INFORMATION

HEALTH PLAN	POLICY	ADDRESS	PHONE
Blue Cross HMO Blue	ZGZ43827962	BLUE HMO TEXAS, P O BOX 660044 DALLAS, TEXAS 752660044	(877) 299-2377
SUBSCRIBER NAME	SSN	RELATION TO PATIENT	OCCUPATION
MADDAN, LASANDRA	438-27-9623	MOTHER	CSR
SUBSCRIBER EMPLOYER & ADDRESS		WORK PHONE	
ADVANCE PCS 1300 E KIMBEL RD, RICHARDSON, TEXAS 75214		(972) 813-3373	

AUTHORIZATION NUMBER	START DATE	END DATE	DAYS/VISITS	CONTACT NAME	PHONE
RDLM3C500300	08/15/2002	01/31/2003	3 00		
GROUP NAME	GROUP NUMBER	COVERAGE TYPE	COPAY	BENEFIT CONTACT NAME	LIFETIME MAXIMUM
ADVANCE PCS	56151A		0 00		0 00
INSURANCE NOTES					VERIFICATION STATUS
VERIFY					

[redacted]
CFT

07/20/1994 Ophthalmology
WILLIAMS, LABREA
000870263 29590692
WEAKLEY, DAVID
08/15/2002 D T

CHILDREN'S MEDICAL CENTER OF DALLAS
1935 Motor Street • Dallas, Texas 75235 • (214) 456-7000

CONSENT FOR TREATMENT

PATIENT AND/OR GUARANTOR MUST REVIEW AND COMPLETE THE FOLLOWING INFORMATION

I **Consent for Care and Treatment**
I hereby acknowledge that I/my child/my ward needs medical care and treatment I voluntarily consent to the performance of hospital services and the use of all means of diagnostic and laboratory work of any kind (including but not limited to the taking of blood, tissue, fluids and other body samples, pictures and videotapes, x-ray or other radiographic procedures) upon myself/my child/my ward which are deemed necessary or prudent by my/my child/my ward's attending physician or any other member of the medical staff of Children's caring for me/my child/my ward I understand that Children's functions in part as a teaching institution and I hereby acknowledge and consent to the use of myself/my child/my ward and related records, *laboratory work or specimens and diagnostic results to be used from time to time for instructional purposes at the sole discretion of Children's*

II **Patients eighteen (18) years of age and older, Legal Guardians of Incompetent Adults and Emancipated Minors ONLY** I have received information regarding Advance Directives and the hospital's policies related to them

I have executed the following document(s)

Medical Power of Attorney	Copy filed in Medical Records by _____
Directive to Physicians	Copy filed in Medical Records by _____
Declaration for Mental Health Treatment	Copy filed in Medical Records by _____
Out Of Hospital - Do Not Resuscitate Order	Copy filed in Medical Records by _____

I hereby acknowledge that I have read and I understand the above Consent for Treatment

Patient/Patient Representative X LaBrea Williams Date 8-15-02 AV

Relationship to Patient X mother Hospital staff witness signature _____ Date 8 15-02

CMC87005-011 (08/01)

[redacted]

07/20/1994 Ophthalmology
WILLIAMS, LABREA 29590692
000870263
WEAKLEY, DAVID D T
08/15/2002

CHILDREN'S MEDICAL CENTER OF DALLAS
1935 Motor Street • Dallas, Texas 75235 • (214) 456-7000

REGISTRATION / ADMISSION AGREEMENT

PATIENT AND/OR GUARANTOR MUST REVIEW AND COMPLETE THE FOLLOWING INFORMATION

I Financial Responsibility

In consideration of services rendered or to be rendered to patient, the undersigned, whether he/she is the patient, patient's relative, patient's legal guardian, representative, agent, other individual or entity, hereby obligates himself/herself individually, to the hospital physicians, including surgeons, radiologists, pathologists, anesthesiologist and consultants involved in patient's care and agrees to pay for any and all charges and expenses incurred or to be incurred except to the extent limited or prohibited by Children's contractual arrangements with my health plan, which may include Medicaid Medicare or Champus It is agreed and understood that regardless of any and all assigned benefits/monies, I as the designated responsible party, am responsible for the total charges for services rendered and I further agree that all amounts are due upon request and are payable to the hospital, and the appropriate physicians, including surgeons, radiologists, pathologists, anesthesiologist and consultants involved in patient's care and agree to pay for any and all charges and expenses incurred or to be incurred It is further agreed and understood that should this account become delinquent and it becomes necessary for the account to be referred to an attorney or collection agency for collection or suit I, as the designated responsible party or entity, shall pay all patient charges, reasonable attorneys fees and collection expenses I agree that if this account results in a credit balance, the credit amount will be applied to any outstanding accounts, either current or bad debt

II Assignment of Benefits/Insurance Requirements

In consideration of services rendered or to be rendered, I hereby irrevocably assign and transfer to the hospital all right title and interest in all benefits/monies payable for services/supplies rendered, including but not limited to group medical/indemnity/self-insured/ERISA benefits/coverage, PIP UIM/UM, auto/homeowner insurance, and in all causes of action against any party or entity that may be responsible for payment of benefits/monies regardless of whether or not I ultimately settle my claim with a non-admission of liability provision I fully understand that in the event the hospital files a claim on my behalf that the same does not impose any contractual obligation or otherwise upon the hospital and that I remain fully responsible for instituting suit within the applicable status of limitations regardless of the assignment of causes of action I authorize the hospital to appeal any denial under my appeal rights provision It is hereby agreed and understood that any condition precedent, subsequent or otherwise, including, but not limited to, pre-certification, pre-authorization or second opinions shall remain the sole responsibility of patient and/or the patient's family, legal guardian, representative or agent I, further understand that failure to pre-certify could result in reduced payments from patient's insurance company, leaving the undersigned financially responsible for the non-reimbursed portion of patient's bill It is further agreed and understood that the obtaining of verification of benefits and/or pre-certification does not in any form or fashion relieve patient or patient's family, other individual or entity signing on behalf of patient of any liability for the financial responsibility for goods and services provided or to be provided to patient by the hospital and any physician I fully understand and agree that hospital shall be entitled to full payment where a third-party accident is involved notwithstanding any benefits payable by a managed care payer on my behalf as third-party bears primary responsibility

III. Authorization to Appeal

I hereby authorize the hospital to appeal on my behalf any of my claim(s) with Wal-Mart, if applicable, Blue Cross and Blue Shield, if applicable, Humana, if applicable, and/or any payor which denies and/or delays payment of my claim(s) I, further, authorize that the payors, listed herein and any other payors, release any and all information requested and/or related to my claim(s) to the hospital and/or its attorneys This authorization is irrevocable upon execution by me hereinbelow and any appeal brought by the hospital shall be as if it was brought by me personally

IV Assignment of Cause of Action and Benefits

I, for good and valuable consideration receipt of which is hereby acknowledged, assign and transfer, irrevocably, to the hospital any and all claims, demands, suits, remedies, guarantees, liens and/or causes of action, at law or in equity, either in contract or in tort, statutory or otherwise, as well as any other claim, in whole or in part, which I may now have or may hereafter hold or possess, known or unknown on account of growing out of, relating to or concerning whether directly or indirectly, proximately or remotely, any acts, omissions, events, transactions or occurrences that have occurred or failed to occur, which resulted in my/my child/my wards injuries for which the hospital has provided and/or will provide medical goods and services to me This Assignment of Cause of Action and Benefits shall be effective against any and all parties or entities that may bear or appear to bear liability for my injuries, including but not limited to, my/my child/my wards employer, its direct and indirect subsidiaries all of its officers, directors, agents, servants, successors, assigns and employees I, further, assign and transfer to the hospital, any and all rights (including appeal rights) title and interest in any and all benefits, monies or other form of compensation paid or to be paid on my behalf as a result of this injury/illness I fully understand that I remain solely responsible for instituting suit within the applicable statute of limitations regardless of this Assignment and that the hospital is not in any form or fashion responsible for instituting suit on my behalf I understand and agree that this Assignment does not relieve me of my liability or responsibility for any and all charges incurred as a result of medical goods and services provided to me/my child/my ward by the hospital

• **OUTPATIENT CLINIC CONSENT VALID THROUGH** _____/_____/_____

I hereby acknowledge that I have read and I understand the above Registration/Admission Agreement

Patient/Patient Representative LaBrea Williams Date 8-15-02

Relationship to Patient mother Hospital staff witness signature AV Date 8/15/02

CMC87005-001 (08/01 #1019)

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Job # 1324279 at 04/10/04 19:37:18

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CHILDREN'S MEDICAL CENTER OF DALLAS
1935 Motor Street • Dallas, Texas 75235 • (214) 456-7000

07/20/1994 Ophthalmology
WILLIAMS, LABREA
000870263 29590692
WEAKLEY, DAVID
08/15/2002 D T

RELEASE OF INFORMATION

PATIENT AND/OR GUARANTOR MUST REVIEW AND COMPLETE THE FOLLOWING INFORMATION

1 **Release of Information/Medical Records**

I hereby consent and authorize the hospital and my/my child/my ward's attending, consulting, treating or physician, providing medical goods and services to me/my child/my ward to release information contained in any financial records and/or medical records, including diagnosis and treatment at the hospital or by any physician providing medical goods and services to me/my child/my ward including, *but not limited to*, information concerning communicable diseases such as Human Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS), drug/alcohol abuse, psychiatric diagnosis and treatment records and/or laboratory tests results, medical history, treatment progress, and/or any other such related information to (1) My/my child/my ward's Insurance Company, self-funded or health plan, its agent representatives, attorneys or independent contractors, (2) Medicare, (3) Medicaid, (4) any other person or entity that may be responsible for paying or processing for payment any portion of my/my child/ my ward's hospital bill, (5) to any person or entity affiliated with or representing the hospital and any physician providing medical goods and services to patient for the purpose of administration, billing, and quality and risk management, or (6) to any other hospital, nursing home, at other healthcare institution to which I/my child/my ward is transferred This consent and authorization applies to financial and/or medical records created in the course of and relating to this, or subsequent, hospitalization I/my child/my ward understands that this information may be required to be released in order to obtain payment for my/my child/my ward's medical expenses incurred for treatment at the hospital and by any physician providing medical goods and services to me/my child/my ward I also authorize the release of medical information to organ /tissue transplant agencies should I/my child/my ward be identified as a potential organ donor The consent to release medical information is subject to revocation by me in writing at any time, except to the extent that action has been taken

Unless you request otherwise, your/your child's/your ward's name is added to the hospital patient admission list and Patient Unit Tracking Board upon your/your child's/your ward's admission This allows the Hospital to acknowledge to others you/your child's/your ward's presence and room number and allows you/your child/your ward to receive telephone calls, flowers, mail and visitors The Hospital may acknowledge your/your child's/your/ward's condition with a one word statement (good, fair, serious, critical) upon request

_____
Initial here if you wish to have you/your child/your ward a no information patient

2 **MEDICARE ONLY**

Patient's Certification and Authorization to Release Information, and Payment Request

I certify that the information given by me/my child/my ward in applying for payment under Title XVIII of the Social Security Act is correct I authorize any holder of medical or other information about me to release to the Social Security Administration or intermediaries or carriers any information needed for this or a related Medicare claim I request that payment of authorized benefits be made on my/my child/my ward's behalf

I hereby acknowledge that I have been informed of my right to receive an itemized bill within 30 days from the date of discharge by calling (214) 456-8224

I hereby acknowledge that I have read and I understand the above Release of Information

Patient/Patient Representative LaBrea Williams Date 8-15-02

Relationship to Patient Mother Hospital staff witness signature AV Date 81502

CMC87005-001 (08/01 #1019)

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[redacted]

CHILDREN'S MEDICAL CENTER OF DALLAS
1935 Motor Street • Dallas, Texas 75235 • (214) 456-7000

NOTICE TO ALL PATIENTS

07/20/1994 Ophthalmology
WILLIAMS, LABREA
000870263 29590692
WEAKLEY, DAVID
08/15/2002 D T

NOTICE TO ALL PATIENTS

The physicians who treat you/your child at Children's Medical Center of Dallas ("Children's") are not employees or agents of Children's They are either (i) independent physicians engaged in the private practice of medicine who have staff privileges at Children's; (ii) independent physicians who are independent contractors and have staff privileges at Children's, (iii) physicians employed by the University of Texas Southwestern Medical Center or another institution who have staff privileges at Children's, or (iv) physicians participating in the care of patients as part of a post-graduate medical education program.

X LaSandra Madden X 8-15-02
Signature Date

X LaSandra Madden
Print Name

Notice Concerning Complaints

Complaints about physicians, as well as other licensees and registrants of the Texas State Board of Medical Examiners, including physician assistants and acupuncturists, may be reported for investigation at the following address:

Texas State Board of Medical Examiners
Attention Investigations
1812 Centre Creek Drive, Suite 300
P.O Box 149134
Austin, Texas 78714-9134

Assistance in filing a complaint is available by calling the following telephone number: 1-800-201-9353

CMC67005-009 (#3913 10/00)

[redacted]

CHILDREN'S MEDICAL CENTER OF DALLAS
1935 Motor Street • Dallas, Texas 75235 • (214) 456-7000

Center for Pediatric Gastroenterology and Nutrition
PEDIATRIC HISTORY AND PHYSICAL

MED REC NO [redacted] 07/20/1994 Gastro
PATIENT WILLIAMS, LABREA 29631470
000870263
RODRIGUEZ-BAEZ, NORBERTO D T
DATE 08/27/2002
DOB

On June 02,02 evaluated at medical city dept. due to fever and erythematous rash. and progressed to diarrhea signed to Parkland

Sources of Information
Primary Care Doctor Dr. Curtis / Neely
Referring Doctor Dr Curtis
Informant Name La Brea Williams
Relationship to child mother
Signature [redacted]

History of Present Illness
Please indicate the problems your child is having — 8 y/o girl with hx of Stevens Johnson on June 2002

Spits up	☑ No	☐ Yes	
Won't eat	☑ No	☐ Yes	
Belly hurts	☑ No	☐ Yes	
Stool accidents	☑ No	☐ Yes	
Missing school	☑ No	☐ Yes	
Fever	☑ No	☐ Yes	for 42 days.
Liver problems	☑ No	☐ Yes	(CCU - Burn
Blood in stool	☑ No	☐ Yes	unit)
Vomiting	☑ No	☐ Yes	intubated and
Losing weight	☑ No	☐ Yes	had a
Diarrhea	☑ No	☐ Yes	tracheostomy
Constipation	☐ No	☑ Yes	
Gastrostomy problems	☐ No	☐ Yes	Do'not Know
Feeding problems	☑ No	☐ Yes	
Other	She does not go regular than before		

FOR OFFICE USE ONLY:
Language ☑ English ☐ Spanish ☐ Other
Translator ☑ No ☐ Yes ☐ CMC ☐ AT&T ☐ Other
Signature [redacted]
Problem Gastrointestinal
Quality Received Kinderal through NG tube and gradually
Timing weaned to reg. food. now regular diet
Duration Before June 2002, having
Assoc signs and symptoms reg. BM. now BM soft (sometimes hard)
Severity tried stool softener. good improvement.
Context
Modifying factors
Comments

Past History
See visit on _____ (Date)
Immunizations Are immunizations UP TO DATE? ☐ No ☑ Yes Any reactions to immunizations? no
Allergies Is your child allergic to any medication or Latex? ☐ No ☑ Yes Yes which ones? Penicillin, Ibuprofen
Medications Does your child take medication regularly? ☐ No ☑ Yes Yes If so, please list Benadryl and Eye solution and stool softner once a day

Birth weight. 6 lbs 15 oz
Was your baby born prematurely? ☑ No ☐ Yes
Stayed more than 2 days in the nursery? ☑ No ☐ Yes
Please list
Was he/she on a breathing machine? ☑ No ☐ Yes
Complications during that stay? ☑ No ☐ Yes

Past Medical History
Has your child ever been hospitalized? ☐ No ☑ Yes June 2002
Has your child had any serious illnesses or injuries? ☐ No ☑ Yes
Has your child had an operation? ☐ No ☑ Yes
Please list Stevens Johnson Syndrome

Family History
Is there a history of the following problems in your family (brother/sister, parent, aunt/uncle, grandparent)?

Severe allergies	☐ No ☑ Yes	Hepatitis	☑ No ☐ Yes	Stomach ulcers	☑ No ☐ Yes
Asthma	☐ No ☑ Yes pat. side	Gallstones maternal	☐ No ☑ Yes	Intestinal cancer	☑ No ☐ Yes
Birth defects	☑ No ☐ Yes	Pancreatitis	☑ No ☐ Yes	Intestinal polyps	☑ No ☐ Yes
Cancer in kids	☑ No ☐ Yes	Kidney diseases	☐ No ☐ Yes	Thyroid/Gland problems	☑ No ☐ Yes
Cystic fibrosis	☑ No ☐ Yes	Inflammatory bowel disease		☑ No ☐ Yes ☐ Other	
Celiac disease	☑ No ☐ Yes	Irritable bowel or spastic colon		☑ No ☐ Yes	

Social History
Parents ☐ Married ☐ Separated ☐ Never Married — Lives w/ mother, stepfather and siblings
Primary Care Taker
Legal guardian
Number of Brothers 1 Sisters 2
Goes to Daycare? ☑ No ☐ Yes
Goes to school? ☐ No ☑ Yes 3rd grade

Review of Systems
Has your child had any of the following problems?

Brain problems or seizures	☑ No	☐ Yes	Stomach trouble	☑ No	☐ Yes
Headaches	☑ No	☐ Yes	Serious bleeding	☑ No	☐ Yes
Eye problems	☑ No	☐ Yes Eye drops	Kidney trouble	☑ No	☐ Yes
Nose problems	☑ No	☐ Yes	Anemia	☑ No	☐ Yes
Mouth/throat problems	☐ No	☑ Yes Tonsils	Thyroid problems	☑ No	☐ Yes
Heart problems	☑ No	☐ Yes	Skin problems	☐ No	☑ Yes
Pneumonia	☑ No	☐ Yes	Food allergies	☑ No	☐ Yes
Asthma	☑ No	☐ Yes	Diabetes	☑ No	☐ Yes

Other Medical problems (please list) kidney Problem
Reviewed by [redacted]

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[redacted] GHP

CHILDREN'S MEDICAL CENTER OF DALLAS
1935 Motor Street • Dallas, Texas 75235 • (214) 456-7000

Center for Pediatric Gastroenterology and Nutrition
PEDIATRIC HISTORY AND PHYSICAL

MED REC NO [redacted] ACCT NO

PATIENT WILLIAMS, LABREA

DATE 07/20/1994 Gastro
000870263 29631470

DOR 08/27/2002 RODRIGUEZ-BAEZ, NORBERTO
O T

87

Pain 0

Physical Examination EXAM: (OFFICE USE ONLY)

Ht 133.5 (75%) Wt 46.7 (93%)
BP 116-57 Temp 98.9

FOC ___ (__%) HR 102 RR 20

		Yes	NE	No	
General	Well developed and nourished, no distress	X	☐	☐	
Eyes	PERRL, conjunctivae clear	X	☐	☐	
Ears	External ears and tympanic membranes normal	X	☐	☐	
Nose	External nose and nasal mucosa normal	X	☐	☐	
Mouth	Lips, teeth and mouth normal in appearance	X	☐	☐	
Neck	Supple, no abnormal adenopathy, trachea midline	X	☐	☐	Scar in front without tenderness
Chest	Respirations comfortable, chest clear	X	☐	☐	
Heart	Regular rate and rhythm, femoral pulses 2+ and equal	X	☐	☐	
Abdomen	Soft, nondistended, nontender, without organomegaly or mass	X	☐	☐	
Rectal	Normal, stool guaiac negative	X	☐	☐	
Skin	Clear of significant visible or palpable lesions	X	☐	☐	Hyperpigmented and hypopigmented lesions on the entire body
Lymphatic	No inguinal or cervical adenopathy	X	☐	☐	
Neurologic	Alert, tone normal, knee jerk DTR's 1-3, symmetric	X	☐	☐	
Psych	Responsive, mental status normal for age	X	☐	☐	

Assessment

1- Constipation
2- Steven's Johnson Syndrome

Plan

LFTs amylase lipase

☒ Blood tests ☐ Urine ☐ Stool ☐ Other ___

☐ Radiology (Indication) ___

☐ GI procedure (Indication) ___ No sedation / Sedation / Anesthesia

No sedation / Sedation / Anesthesia

☒ Medication

miralax [redacted] 17 gm po qd

Education / Teaching ___

Diet Regular for age

Follow-up *(Please call if having problems)* Please schedule appointment in 3 months

Signatures

I have reviewed the records, taken the history, examined the patient, devised and discussed the management plan

Fellow Signature ___ Date ___

Attending's Signature Rodriguez-Baez Date 08-27-02

Nurse's Signature ___ Date ___

WHITE - Medical Records YELLOW - Department Copy PINK - Patient Copy

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PEDOPH

07/20/1994 Ophthalmology
WILLIAMS, LABREA
000870263
WEAKLEY, DAVID 29590692
08/15/2002
D T

CHILDREN'S MEDICAL CENTER OF DALLAS
1935 Motor Street • Dallas, Texas 75235 • (214) 456-7000

PEDIATRIC OPHTHALMOLOGY HISTORY

Source of Information	Fuentes De Informacion
Primary Care Physician Dr Curtis	Medico Primario
Has Your child ever been seen in this eye clinic before?	¿Ha sido su niño visto en la clinica de los ojos antes?
Yes ☐ No ☐ When	Sí ☐ No ☐ ¿Cuándo?
Source of History(informant)	Fuente de la Historia (informante)
Language spoken English	Idioma que habla
Referring Physician Dr. Curtis	Médico que lo refiere
Do you have medical records or referral with you?	¿Trae consigo su historial médico o una referencia?
Yes ☐ No ☐	Sí ☐ No ☐
Translator signature AT&T	
Chief Complaint	**Motivo de Consulta**
History of Present Illness	**Antecedentes de la Presente Enfermedad**
Eyes turn in/out Yes ☐ No ☐	Ojos hacia adentro/afuear Sí ☐ No ☐
Decrease in vision Yes ☐ No ☐	Disminución en capacidad visual Sí ☐ No ☐
Red eye Yes ☐ No ☐	Enrojecimiento del ojo Sí ☐ No ☐
Increased tearing Yes ☐ No ☐	Aumento del lagrimeo Sí ☐ No ☐
Eye Pain Yes ☐ No ☐	Dolor en el ojo Sí ☐ No ☐
Injury to eye Yes ☐ No ☐	Lesión en el ojo Sí ☐ No ☐
Other can not stand to much of light	Otro
When did symptoms begin?	¿Cuándo empezaron los síntomas?
Past History	**Antecedentes**
Seen previously on (Date)	Consulta para la visión el (Fecha)
Has your child ever had previous eye exam? Yes ☐ No ☐	¿Ha tenido su niño un examen de la vista previo? Sí ☐ No ☐
How long ago?	¿Hace cuánto tiempo?
Does your child wear glasses? Yes ☐ No ☐	¿Usa lentes su niño(a)? Sí ☐ No ☐
Has your child ever patched an eye? Yes ☐ No ☐	¿Le han puesto alguna vez un parche al ojo de su niño? Sí ☐ No ☐
Which eye? For how long?	¿En cuál ojo ¿Por cuánto tiempo?
Has you child ever had an injury to the eye? Yes ☐ No ☐	¿Ha tenido su niño(a) alguna lesión en el ojo? Sí ☐ No ☐
What/When?	¿Qué tipo?/¿Cuándo?
Has your child had eye surgery? Yes ☐ No ☐	¿Ha tenido su niño(a) cirugia del ojo? Sí ☐ No ☐
What/When?	¿Qué tipo?/¿Cuándo?
Does your child use eye medication? Yes ☐ No ☐	Utiliza su niño(a) medicamento para el ojo Sí ☐ No ☐
What/How often?	¿Qué tipo?/¿Con qué frecuencia?
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CMC83502-007NS (04/01) White - Medical Records Yellow - Research Chart

Printed by James, Carloyn 0011 Job # 1324279 at 04/10/04 19:37:18

12

[redacted]
PEDOPH

CHILDREN'S MEDICAL CENTER OF DALLAS
1935 Motor Street • Dallas, Texas 75235 • (214) 456-7000

PEDIATRIC OPHTHALMOLOGY HISTORY

07/20/1994 Ophthalmology
WILLIAMS, LABREA
000870263 29590692
WEAKLEY, DAVID
08/15/2002 D T

Past Medical History		Antecedentes Médicos	
Are immunizations up to date?	Yes ☑ No ☐	¿Están sus vacunas al corriente?	Sí ☐ No ☐
If no why?		Si no lo están ¿Por qué?	
Is your child allergic to medicine or latex?	Yes ☑ No ☐	¿Es su niño(a) alérgico a algún medicamento o al látex?	Sí ☐ No ☐
What? Ibrofen		¿A cuál?	
Does your child take medication daily?	Yes ☐ No ☑	¿Toma su niño(a) medicamentos a diario?	Sí ☐ No ☐
Which ones?		¿Cuáles?	
Was child born prematurely?	Yes ☐ No ☑	¿Su niño(a) nació prematuramente?	Sí ☐ No ☐
Child's birth weight 6 lbs 10 oz	gms	Peso de su niño(a) al nacer lbs	oz gms
Has your child ever been hospitalized?	Yes ☑ No ☐	¿Ha sido su niño(a) hospitalizado alguna vez?	Sí ☐ No ☐
Has your child ever had a serious illness/injury?	Yes ☑ No ☐	¿Ha sufrido su niño(a) alguna enfermedad/lesión seria?	Sí ☐ No ☐
Explain Stevens Johnson Syndrone		Explique	
Has your child ever had an operation?	Yes ☐ No ☑	¿Le han hecho a su niño(a) alguna operación?	Sí ☐ No ☐
Explain		Explique	
Family History		**Antecedentes Familiares**	
Family history of eye disease?	Yes ☐ No ☑	¿Historia familiar de enfermedad de los ojos?	Sí ☐ No ☐
Family history of eyes crossing?	Yes ☐ No ☑	¿Hisotria familiar de estrabismo (ojos bizcos)?	Sí ☐ No ☐
Does anyone in family wear glasses?	Yes ☐ No ☑	¿Alguien en la familia usa lentes?	Sí ☐ No ☐
Social History		**Antecedentes Sociales**	
Who does your child live with? Mother & Step Father		¿Con quién vive el/la niño(a)?	
School child attends? yes		¿A qué escuela va el/la niño(a)?	
Number of family members? 6		¿Número de miembros en la familia?	
Special concerns		Inquietudes especiales	
Review of Systems		**Revisión por Sistemas**	
Headache	Yes ☐ No ☑	Dolor de cabeza	Sí ☐ No ☐
Seizures	Yes ☐ No ☑	Convulsiones (ataques)	Sí ☐ No ☐
Ear/Nose/Throat Problems	Yes ☐ No ☑	Problemas de oído/nariz/garganta	Sí ☐ No ☐
Thyroid Problems	Yes ☐ No ☑	Problemas de la tiroides	Sí ☐ No ☐
Heart Problems	Yes ☐ No ☑	Problemas de corazón	Sí ☐ No ☐
Birth Defects	Yes ☐ No ☑	Defectos de nacimiento	Sí ☐ No ☐
Asthma	Yes ☐ No ☑	Asma	Sí ☐ No ☐
Cancer	Yes ☐ No ☑	Cáncer	Sí ☐ No ☐
HIV	Yes ☐ No ☑	VIH (virus del SIDA)	Sí ☐ No ☐
Stomach Problems	Yes ☐ No ☑	Problemas del estómago	Sí ☐ No ☐
Diabetes	Yes ☐ No ☑	Diabetes	Sí ☐ No ☐
Liver Problems	Yes ☐ No ☑	Problemas del hígado	Sí ☐ No ☐
Bleeding Problems	Yes ☐ No ☑	Problemas de sangrado	Sí ☐ No ☐
Muscular Dystrophy	Yes ☐ No ☑	Distrofia muscular	Sí ☐ No ☐
Multiple Sclerosis	Yes ☐ No ☑	Esclerosis múltiple	Sí ☐ No ☐

For office use only (para uso de la oficina únicamente)

Signature(s) of Parent/Firma de los Padres Sandra Madden Date 8-15-02

Reviewed by _____ Title _____ Date _____

Pain Assessment

☐ FLACC ☐ VAS ☐ FACES Source

CMC83502-008NS (04/01) White - Medical Records Yellow - Research Chart

0012

[redacted]

CMC OF DALLAS
AUG 1 5 2002
OPTHALMOLOGY

(NP)

CHILDREN'S MEDICAL CENTER OF DALLAS
1935 Motor Street • Dallas, Texas 75235 • (214) 456-7000

PEDIATRIC OPHTHALMOLOGY PHYSICAL

1st visit

MED REC NO
PATIENT
DATE
DOB
ACCT NO

07/20/1994 Ophthalmology
WILLIAMS, LABREA
000870263
WEAKLEY, DAVID 29590692
08/15/2002 D T

Page 1 of 1

Physical Exam

8 Y/O BF c/o Stevens Johnson syndrome dx'd June '02
c/o eyelids twitching OU
? E(T) OU

Snellen CB's V 20/20 20/20 NB ortho EOM's full
DS
SL 40" stereo
⊕? mild ptosis OS ⊕ pseudoET

Ext. mild ptosis OS PF < 12/11 MRD < 4/3 LF < 16/16

SLE

C/S w+Q ∅ symblepharon
K: clear
AC: D+Q
slightly thickened
∅ thickness, ⊕ missing lash IN margin I: wnl
L: clear

DFE < wnl / wnl

CR < +1.00+0.25×90 / +1.00+0.25×90

Assessment

Stevens Johnson Syndrome
∅ ocular involvement

Plan

① Artificial tears OU qid/prn
② RTC 6 month

Education

given pseudoET handout
explained

Signatures

Pain reassessment
Resident Signature Title Date
Nurse/Tech Signature Date 8-15-02
I reviewed the records, took the history, examined the patient and devised the management plan
Attending Signature Date

children's
MEDICAL CENTER OF DALLAS

August 27, 2002

Center for
Pediatric Gastroenterology

John M Andersen, M D
Medical Director

Carol A Redel, M D
Norberto Rodriguez-Baez, M D
Robert H Squires, Jr , M D

Michelle Goldberg, M D
General Pediatrics

Michael Russo, M D
Fellow

Eduardo Beltroy, M D
Fellow

Robin Landgraf, R N , M S N , C P N P
Nurse Practitioner

Stephan Moore
Operations Director
Ashleigh Marcus
Program Manager

Affiliated with
Department of Pediatrics
The University of Texas
Southwestern Medical Center
at Dallas

Joe Neely, M.D
8325 Walnut Hill Lane, Ste 225
Dallas, TX 75231

RE: Labrea Williams
MR#: 870263
FIN#: N/A
DOB: 07/20/1994
DOV: 08/27/2002

Dear Dr. Neely:

I had the pleasure of seeing your patient, Labrea Williams, in the Pediatric Gastroenterology Clinic for her initial evaluation regarding her problem with constipation She was accompanied to this visit by her mother and her siblings

As you know, Labrea is an 8-year-old girl diagnosed with Stevens-Johnson in June 2002 after presenting with fever and an erythematous rash that progressed to blisters. She was initially evaluated at Medical City and then transferred to Parkland Hospital where she was hospitalized for approximately 42 days in the Intensive Care Unit of the Burn Unit. During that hospitalization, she was intubated and also had a tracheostomy that was eventually removed

Mother states that during that hospitalization, Labrea required feeding through a nasogastric tube. She received Kindercal and was gradually weaned off of the formula and started on a regular diet. At present she is following a regular diet.

Mother reports that before 2002 Labrea was having regular bowel movement She was having soft bowel movement on a daily basis. However, since June 2002, she is having bowel movement every other day or every two days, and the stools sometimes are hard. She has tried some stool softeners and there has been some improvement in her symptoms.

[redacted]
DPN

RE: Labrea Williams
MR#: 870263
Page 2

There is no history of vomiting, hematemesis, bilious vomiting, abdominal distention, difficulty swallowing, rectal bleeding, bloody stools, diarrhea, jaundice, recent fever, cough, respiratory distress, cyanosis, hematuria, dysuria, arthralgia, myalgia, headache, or blurred vision

IMMUNIZATIONS: Up-to-date

ALLERGIES: Ibuprofen

CURRENT MEDICATIONS: She has been taking Benadryl for itching and also a stool softener once a day, but the mother does not remember the name of the medication

PAST MEDICAL HISTORY: She was born full term with no complications during pregnancy or delivery. Birth weight 6 pounds 13 ounces She was hospitalized in June 2002 for Stevens-Johnson syndrome

FAMILY HISTORY: There is a family history of asthma on the paternal side. The maternal aunts have history of gallstones. There is no family history of cystic fibrosis, celiac disease, hepatitis, pancreatitis, kidney disease, inflammatory bowel disease, irritable bowel syndrome, stomach ulcers, intestinal cancer, intestinal polyps, thyroid gland problems, or any other disease.

SOCIAL HISTORY: She lives with mother, step-father, and three siblings She is in 3rd grade.

PHYSICAL EXAMINATION
VITAL SIGNS. Weight 46.7 kg, that is more than the 97th percentile. Height 33.5 cm, that is in the 75th percentile. Temperature 98.8°F, blood pressure 116/57 mmHg, heart rate 102, respiratory rate 20
GENERAL: She looked alert, active, afebrile, with no evidence of acute distress. She looked well-developed and well-nourshed She had alopecia
HEENT. Normocephalic, atraumatic, anicteric sclerae, moist mucous membranes.
NECK: No cervical lymphadenopathy. She had a scar in the area where the tracheostomy was.
LUNGS: Clear on auscultation.
HEART: Regular rate and rhythm, no murmurs.
ABDOMEN: Nondistended, normoactive penstalsis, soft and depressible, no hepatosplenomegaly or masses, no tenderness on palpation.
RECTAL: No skin tags, fissures, or hemorrhoids. Adequate anal sphincter tone. The stools were guaiac-negative. The rectal vault had some stools

[redacted] DPN

RE: Labrea Williams
MR#: 870263
Page 3

EXTREMITIES: No edema or cyanosis
NEUROLOGICAL: No gross deficit
SKIN: She had hyperpigmented and hypopigmented lesions on the entire body.

IMPRESSION: Labrea is an 8-year-old girl with a history of Stevens-Johnson who has been presenting with problems of constipation. She shows improvement when she takes a stool softener.

RECOMMENDATIONS: I want to start her on MiraLax 17 grams once a day. Mother was oriented to adjust the dose in order to make her have soft bowel movement on a daily basis. She should continue taking a regular diet. I want to see her back for follow-up evaluation in three months. Today I also ordered a liver panel, and also amylase and lipase because there was some concern of possible abdominal pain. If the results of these laboratories are within normal limits, I do not think further workup needs to be done.

It was a pleasure to see Labrea in the Pediatric Gastroenterology Clinic, along with her mother. If you have questions or suggestions regarding her treatment and management, please do not hesitate to contact me at 214-456-8032.

Sincerely,

Norberto Rodriguez-Baez, M.D.
Assistant Professor
Department of Pediatric Gastroenterology

	NR / 31
D	08/29/2002
T	08/29/2002
JOB#	-90257

[redacted] DPN

[redacted]

CHILDREN'S MEDICAL CENTER OF DALLAS
1935 Motor Street • Dallas, Texas 75235 • (214) 456-7000
Gastroenterology and Nutrition Department
TREATMENT PLAN

MED REC NO [redacted] ACCT NO [redacted]
PATIENT 07/20/1994 Gastro
WILLIAMS, LABREA
000870263 29631470
RODRIGUEZ-BAEZ, NORBERTO
DATE 08/27/2002 D T I
DOB

Diagnosis Constipation, Stevens Johnson Syndrome

LABS	BLOOD
	Amylase and Lipase
	CBC diff
	Chem 20
	ESR
	Helicobacter Antibody
	Hepatitis Panel
	Liver Profile
	PT PTT
	Reticulocyte Count
	TPN Profile
	Vitamin A
	Vitamin E
	25-OH Vitamin D
	URINE
	Organic Acids
	Urinalysis
	Urine Calcium
	Urine Creatinine
	Urine Culture CC I/O
	STOOL
	Culture and Sensitivity
	Giardia Antigen
	C. Difficile Toxin
	Ova and Parasites
	Cryptosporidia
	Rotavirus
	Screen for E. Coli 0157

RADIOLOGY		INDICATION
Abdominal Sonogram		
Hepatic Sonogram		
Pelvic Sonogram		
Speech Path Video Swallow		
VCUG		
UGI		
UGI/SBFT		
Barium Enema		
Renal Sonogram		
GI PROCEDURE		
Colon		
Ileostomy		
Upper Endoscopy		
Flex Sigmoidoscopy		
Lactose Breath H2 Test		
pH probe		

Other labs We will call you with results

Medications Miralax 17gm in 8 oz liquid everyday

Diet regular

Follow-up
- [x] Call if having problems AURORA 214 456-8071
- [ ] To be determined after evaluating results of tests
- [x] We would like to see your child in 3 months. Please make an appointment
- [ ] Other

If your child is not getting better, is getting worse, or is experiencing what you may think is a side-effect of one of the medications, please contact our office at (214) 456-8000 or (800) 568-8937 Someone will be available 24 hours a day We depend on your playing an active role in your child's care

We will call you if any of your child's lab or test results are abnormal. Otherwise, you will be notified by mail with results

Discharge instructions reviewed with and copy given to parents

RGutierrez, LVN 08.27.02
RN Signature Date

Physician Signature Date

CMC62500-012 (#5200 04/00) Original - Medical Records/HIM Yellow - Referring Physician

0013

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Flowsheet Print Request

Patient: WILLIAMS, LABREA AUBRYANNA
MRN: 000870263

Last 1000 Results

Printed by: JAMES, CAROLYN
Printed on: 4/14/04 10:44

Event Date	Event	Result	Ref. Range	Status
8/27/02 11:50	BC	0.0	(0.0 - 0.3)	
	BU	0.3	(0.0 - 1.0)	
	TBIL	0.3	(0.2 - 1.3)	
	GGT	20	(3 - 30)	
	ALK PHOS	411	(175 - 420)	
	ALT	16	(5 - 45)	
	AST	31	(15 - 55)	
	TOT PROT	7.9	(6.0 - 8.0)	
	ALB	4.2	(4.0 - 5.3)	
	TRIG	106	(35 - 114)	
	CHOL	166	(125 - 170)	
	LIPASE	53	(23 - 300)	
	AMYLASE	94	(30 - 110)	

[redacted]

CHILDREN'S MEDICAL CENTER OF DALLAS
1935 Motor Street • Dallas, Texas 75235 • (214) 456-7000

RELEASE OF INFORMATION

07/20/1994 Gastro
WILLIAMS, LABREA AU'BRYA
000870263 34170092
RODRIGUEZ-BAEZ, NORBERTO
12/09/2003 D T I

PATIENT AND/OR GUARANTOR MUST REVIEW AND COMPLETE THE FOLLOWING INFORMATION

1 **Release of Information/Medical Records**
I hereby consent and authorize the hospital and my/my child/my wards attending, consulting, treating or physician, providing medical goods and services to me/my child/my ward to release information contained in any financial records and/or medical records including diagnosis and treatment at the hospital or by any physician providing medical goods and services to me/my child/my ward, including, but not limited to information concerning communicable diseases such as Human Immunodeficiency Virus (HIV), and Acquired Immune Deficiency Syndrome (AIDS), drug/alcohol abuse, psychiatric diagnosis and treatment records and/or laboratory tests results, medical history treatment progress, and/or any other such related information to (1) My/my child/my ward's Insurance Company, self-funded or health plan, its agent representatives, attorneys or independent contractors, (2) Medicare, (3) Medicaid, (4) any other person or entity that may be responsible for paying or processing for payment any portion of my/my child/ my wards hospital bill, (5) to any person or entity affiliated with or representing the hospital and any physician providing medical goods and services to patient for the purpose of administration, billing, and quality and risk management, or (6) to any other hospital, nursing home, at other healthcare institution to which I/my child/my ward is transferred This consent and authorization applies to financial and/or medical records created in the course of and relating to this, or subsequent, hospitalization I/my child/my ward understands that this information may be required to be released in order to obtain payment for my/my child/my ward's medical expenses incurred for treatment at the hospital and by any physician providing medical goods and services to me/my child/my ward I also authorize the release of medical information to organ /tissue transplant agencies should I/my child/my ward be identified as a potential organ donor The consent to release medical information is subject to revocation by me in writing at any time, except to the extent that action has been taken

Unless you request otherwise, your/your child's/your ward's name is added to the hospital patient admission list and Patient Unit Tracking Board upon your/your child's/your ward's admission This allows the Hospital to acknowledge to others you/your child's/your ward's presence and room number and allows you/your child/your ward to receive telephone calls, flowers, mail and visitors The Hospital may acknowledge your/your child's/your/ward's condition with a one word statement (good, fair, serious, critical) upon request

_____
Initial here if you wish to have you/your child/your ward a no information patient

2 **MEDICARE ONLY**
Patient's Certification and Authorization to Release Information, and Payment Request
I certify that the information given by me/my child/my ward in applying for payment under Title XVIII of the Social Security Act is correct I authorize any holder of medical or other information about me to release to the Social Security Administration or intermediaries or carriers any information needed for this or a related Medicare claim I request that payment of authorized benefits be made on my/my child/my wards behalf

I hereby acknowledge that I have been informed of my right to receive an itemized bill within 30 days from the date of discharge by calling (214) 456-8224

I hereby acknowledge that I have read and I understand the above Release of Information

Patient/Patient Representative _____ Date _____

Relationship to Patient _____ Hospital staff witness signature L.R Date 12/9/03

Mom gave verbal consent to bring steps.
L.R.

CMC87005-001 (08/01 #1019) 0021

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20

[redacted]

07/20/1994 Gastro
WILLIAMS, LABREA AU'BRYA
000870263 34170092
RODRIGUEZ-BAEZ, NORBERTO
12/09/2003 D T

CHILDREN'S MEDICAL CENTER OF DALLAS
1935 Motor Street • Dallas, Texas 75235 • (214) 456-7000

REGISTRATION / ADMISSION AGREEMENT

PATIENT AND/OR GUARANTOR MUST REVIEW AND COMPLETE THE FOLLOWING INFORMATION

I Financial Responsibility
In consideration of services rendered or to be rendered to patient, the undersigned, whether he/she is the patient, patient's relative, patient's legal guardian, representative, agent, other individual or entity, hereby obligates himself/herself individually, to the hospital, physicians, including surgeons, radiologists, pathologists, anesthesiologist and consultants involved in patient's care and agrees to pay for any and all charges and expenses incurred or to be incurred except to the extent limited or prohibited by Children's contractual arrangements with my health plan, which may include Medicaid, Medicare or Champus It is agreed and understood that regardless of any and all assigned benefits/monies, I as the designated responsible party, am responsible for the total charges for services rendered and I further agree that all amounts are due upon request and are payable to the hospital, and the appropriate physicians, including surgeons, radiologists, pathologists, anesthesiologist and consultants involved in patient's care and agree to pay for any and all charges and expenses incurred or to be incurred It is further agreed and understood that should this account become delinquent and it becomes necessary for the account to be referred to an attorney or collection agency for collection or suit I, as the designated responsible party or entity, shall pay all patient charges, reasonable attorney's fees and collection expenses I agree that if this account results in a credit balance, the credit amount will be applied to any outstanding accounts, either current or bad debt

II Assignment of Benefits/Insurance Requirements
In consideration of services rendered or to be rendered I hereby irrevocably assign and transfer to the hospital all right, title and interest in all benefits/monies payable for services/supplies rendered, including but not limited to group medical/indemnity/self-insured/ERISA benefits/coverage, PIP, UM/UIM, auto/homeowner insurance, and in all causes of action against any party or entity that may be responsible for payment of benefits/monies regardless of whether or not I ultimately settle my claim with a non-admission of liability provision I fully understand that in the event the hospital files a claim on my behalf that the same does not impose any contractual obligation or otherwise upon the hospital and that I remain fully responsible for instituting suit within the applicable statute of limitations regardless of the assignment of causes of action I authorize the hospital to appeal any denial under my appeal rights provision It is hereby agreed and understood that any condition precedent, subsequent or otherwise, including, but not limited to, pre-certification pre-authorization, or second opinions shall remain the sole responsibility of patient and/or the patient's family, legal guardian, representative or agent I, further, understand that failure to pre-certify could result in reduced payments from patient's insurance company, leaving the undersigned financially responsible for the non-reimbursed portion of patient's bill It is further agreed and understood that the obtaining of verification of benefits and/or pre-certification does not in any form or fashion relieve patient or patient's family, other individual or entity signing on behalf of patient of any liability for the financial responsibility for goods and services provided or to be provided to patient by the hospital and any physician I fully understand and agree that hospital shall be entitled to full payment where a third-party accident is involved notwithstanding any benefits payable by a managed care payer on my behalf as third-party bears primary responsibility

III. Authorization to Appeal
I hereby authorize the hospital to appeal on my behalf any of my claim(s) with Wal-Mart, if applicable, Blue Cross and Blue Shield, if applicable, Humana, if applicable, and/or any payor which denies and/or delays payment of my claim(s) I, further, authorize that the payors, listed herein and any other payors, release any and all information requested and/or related to my claim(s) to the hospital and/or its attorneys This authorization is irrevocable upon execution by me hereinbelow and any appeal brought by the hospital shall be as if it was brought by me personally

IV. Assignment of Cause of Action and Benefits
I, for good and valuable consideration receipt of which is hereby acknowledged, assign and transfer, irrevocably, to the hospital, any and all claims, demands, suits, remedies, guarantees, liens and/or causes of action, at law or in equity, either in contract or in tort, statutory or otherwise, as well as any other claim, in whole or in part, which I may now have or may hereafter hold or possess, known or unknown, on account of growing out of, relating to or concerning, whether directly or indirectly, proximately or remotely, any acts, omissions, events, transactions or occurrences that have occurred or failed to occur, which resulted in my/my child/my wards injuries for which the hospital has provided and/or will provide medical goods and services to me This Assignment of Cause of Action and Benefits shall be effective against any and all parties or entities that may bear or appear to bear liability for my injuries, including but not limited to, my/my child/my ward's employer, its direct and indirect subsidiaries, all of it's officers, directors, agents, servants, successors, assigns and employees I, further, assign and transfer to the hospital, any and all rights (including appeal rights), title and interest in any and all benefits monies or other form of compensation paid or to be paid on my behalf as a result of this injury/illness I fully understand that I remain solely responsible for instituting suit within the applicable statute of limitations regardless of this Assignment and that the hospital is not in any form or fashion responsible for instituting suit on my behalf I understand and agree that this Assignment does not relieve me of my liability or responsibility for any and all charges incurred as a result of medical goods and services provided to me/my child/my ward by the hospital

• OUTPATIENT CLINIC CONSENT VALID THROUGH 12/9/04

I hereby acknowledge that I have read and I understand the above Registration/Admission Agreement

Patient/Patient Representative _____ Date _____

Relationship to Patient _____ Hospital staff witness signature L.K Date 12/9/03

Mom gave verbal consent for step f to bring pt. LK

CMC87005-001 (08/01 #1019) 0020

Printed by James, Carloyn Job # 1324279 at 04/10/04 19:37:18

21

[redacted]
CONSENT

07/20/1994 Gastro
WILLIAMS, LABREA AU'BRYA
34170092
000870263
RODRIGUEZ-BAEZ, NORBERTO
12/09/2003 O T

CHILDREN'S MEDICAL CENTER OF DALLAS
1935 Motor Street • Dallas, Texas 75235 • (214) 456-7000

CONSENT FOR TREATMENT

PATIENT AND/OR GUARANTOR MUST REVIEW AND COMPLETE THE FOLLOWING INFORMATION

1. **Consent for Care and Treatment**
I hereby acknowledge that I/my child/my ward needs medical care and treatment. I voluntarily consent to the performance of hospital services and the use of all means of diagnostic and laboratory work of any kind (including but not limited to the taking of blood, tissue, fluids and other body samples, pictures and videotapes, x-ray or other radiographic procedures) upon myself/my child/my ward, which are deemed necessary or prudent by my/my child/my wards attending physician or any other member of the medical staff of Children's caring for me/my child/my ward. I also consent to the videotaping of myself/my child/my wards treatment in the critical care area within the emergency department of Children's for quality improvement and educational purposes only. I understand that Children's functions in part as a teaching institution and I hereby acknowledge and consent to the use of myself/my child/my ward and related records, laboratory work or specimens and diagnostic results to be used from time to time for instructional purposes at the sole discretion of Children's.

2. **Patients eighteen (18) years of age and older, Legal Guardians of Incompetent Adults and Emancipated Minors ONLY.** I have received information regarding Advance Directives and the hospital's policies related to them.
I have executed the following document(s)

Medical Power of Attorney	Copy filed in Medical Records by _____
Directive to Physicians	Copy filed in Medical Records by _____
Declaration for Mental Health Treatment	Copy filed in Medical Records by _____
Out Of Hospital - Do Not Resuscitate Order	Copy filed in Medical Records by _____

I hereby acknowledge that I have read and I understand the above Consent for Treatment.

Parent/Patient Representative

_____
Signature

_____
Print Your Name

(_____) _____
Your Home Phone #

_____
Relationship to Patient

_____/_____/_____
Month Day Year

Hospital Staff Witness

L.K.
_____
Signature

12/9/03
Month Day Year

mom gave verbal consent
For step F to Dr. Pt.
L.K.

CMC87005-011 (01/03)

0022

[redacted] CONSENT

children's
MEDICAL CENTER OF DALLAS

07/20/1994 Gastro
WILLIAMS, LABREA AU'BRYA
000870263 34170092
RODRIGUEZ-BAEZ, NORBERTO
12/09/2003 D T

Your signature below indicates that you have been offered a copy of the Children's Medical Center of Dallas' Notice of Privacy Practices. If you have any questions about the Notice of Privacy Practices, please call the Children's Medical Center of Dallas Privacy Office at (214) 456-4444

I have been offered the Notice of Privacy Practices.

Patient Name _____ Date _____

Personal Representative Signature _____ Date _____

Please describe your relationship to the patient _____

[redacted] mom gave verbal consent for Step F to bring pt. L.R.

FOR OFFICE USE ONLY:
Children's Medical Center of Dallas will make a good faith effort to obtain a written acknowledgment of receipt of the Notice provided to the individual If the patient is unwilling and or unable to sign this acknowledgment, Children's Medical Center of Dallas must document its good faith efforts to obtain such acknowledgment and record the reason why the acknowledgement was not obtained.

☐ Reason _____

☐ Notice mailed to patient Date _____ Staff Signature _____

0023

children's
MEDICAL CENTER OF DALLAS

December 9, 2003

Center for Pediatric Gastroenterology

John M Andersen, M D
Medical Director

Carol A Rodel, M D
Norberto Rodriguez-Baez, M D

Michael Russo, M D
Fellow
Eduardo Beltroy, M D
Fellow
Ashish Patel, M D
Fellow

Robin Landgraf, R.N , C PN P
Nurse Practitioner

Stephan Moore
Operations Director
Ashleigh Marcus
Program Manager

Affiliated with
Department of Pediatrics
The University of Texas
Southwestern Medical Center
at Dallas

Joe Neely, M D
8325 Walnut Hill Lane #22
Dallas, Texas 75231
Telephone #. 214-691-3535
Fax #· 214-691-0404

RE: WILLIAMS, LABREA A.
MR#: 870263
FIN#: 000034170092
DOB: 07/20/1994
DOV: 12/09/2003

Dear Dr Neely.

Thank you for allowing us to participate in the care of your patient, Labrea Williams. We were happy to see Labrea at the Pediatric Gastroenterology Clinic at Children's Medical Center of Dallas on December 9, 2003 As you well know, Labrea is a 9-year-old African American female with past medical history significant for Stevens-Johnson syndrome in June of 2002 and history of constipation.

Labrea presents to the clinic this afternoon with her father as well as other siblings and states that overall Labrea has been doing great, denies any major problems at this time, has no concerns Labrea denies any complaints or concerns at this time. They deny any recent history of fever, vomiting, or diarrhea. The state that Labrea has been tolerating p.o without difficulty She has been urinating and stooling normally. She has been stooling daily with no blood or pain on stool. The discontinued the use of MiraLax, and she continues to stool daily without any difficulty They have no other concerns at this time.

Labrea is currently not on any medications She currently has Advil listed as her only allergy which was the suspected cause of her Stevens-Johnson syndrome.

PHYSICAL EXAMINATION. Today, the patient's temperature was 97.9 degrees Fahrenheit, heart rate 84, respiratory rate 18, blood pressure 114/60, height 142 cm, up from 133 5 cm approximately a year ago Weight is up to 57.7 kg, up from about 46.7 kg, also approximately a year ago

RE: WILLIAMS, LABREA A.
MR#: 870263
Page 2

On physical exam today, the patient is well developed, well nourished, in no acute distress. Pupils were equal, round, and reactive to light Tympanic membranes were clear bilaterally. Nasopharynx and oropharynx were clear. The neck was supple, no lymphadenopathy. Cardiovascularly, regular rate and rhythm, on murmur Lungs were clear to auscultation bilaterally, no wheezing Abdomen was soft, nontender, nondistended, positive bowel sounds. Skin has had multiple hypo and hyperpigmented spots noted throughout. Neurologic exam was normal with symmetric reflexes Psychiatry: the patient was responsive, and mental status was appropriate for age.

IMPRESSION: Labrea is a 9-year-old African American female with past medical history significant for Stevens-Johnson syndrome and history of constipation. The patient has no acute issues at this time

RECOMMENDATIONS The parents have discontinued the use of MiraLax and state that she is having normal bowel movements at this time. They were instructed that they may resume the MiraLax if constipation symptoms recur. They were instructed to use MiraLax 17 grams p.o. q.d. There are no other active gastrointestinal issues at this time, and we have discharged her from the Gastroenterology Clinic to follow up with her primary care pediatrician, yourself. If any negative problems or concerns arise, they may contact our nurse at 214-456-8071, Aurora Bustillos.

If you have any questions or concerns regarding this treatment plan, please do not hesitate to contact us.

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RE: WILLIAMS, LABREA A.
MR# 870263
Page 3

The patient will be discharged to your care If any new problems do arise, we will be happy to see her at any time You can contact our nurse, Aurora, at the number listed above.

Sincerely,

Ashish Patel, M.D.
Pediatric Gastroenterology Fellow

Norberto Rodriguez-Baez, M D.
Assistant Professor
Pediatric Gastroenterology

AP / 27
D 12/09/2003
T 12/10/2003
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